Understanding Costs and Insurance for Sport Injuries
Occasionally student-athletes sustain injuries during practice, conditioning or competition. The cost of medical care can be expensive, and the billing process can be confusing.

The athletics department has an accident insurance policy in place to help cover expenses for athletic injuries. However, the cost of medical care for athletic injuries is a shared cost, and going through the claims process is a shared responsibility. Health care providers, student-athletes and parents all play a role in sharing complete and accurate information and documentation with insurance companies to ensure claims can be processed.

This guide is designed to explain how costs are covered through insurance, and what is needed in order for insurance claims to be processed.
Primary Insurance

Student-Athlete / Parent Policy

All student-athletes should have their own health insurance. Coverage may be from a parent’s insurance plan, a policy purchased on the Affordable Care Act exchange, or the student health insurance plan provided by the school. This insurance is “primary,” meaning that athletic injury bills are paid through this insurance first.

There are certain types of insurance that have limitations, especially when it comes to intercollegiate sports injuries.

- **Government-Sponsored Insurance (TriCare, Medicaid, etc.):** These plans do not pay as primary insurance when the school has athletics insurance.
- **Student Health Insurance Plan (SHIP):** SHIPs may specifically state that injuries related to intercollegiate athletics are not covered.
- **Regional Network Plans:** Some HMO/PPO plans only offer coverage in a designated region. If the institution or frequent competition sites are located outside of the designated region, coverage may not meet institution primary insurance requirements.
- **“Religious Ministry” Plans:** Ministry plans often exclude intercollegiate athletics, or rely on a discretionary claim process to determine whether a particular bill will be paid. Because coverage of athletics-related injuries may be denied with discretion, coverage may not meet institution primary insurance requirements.

In these cases, and if there is no primary insurance, the athletics secondary policy will pay as primary for athletics-related injuries, within the limits of coverage allowed under the policy.

Secondary Insurance

The institution has intercollegiate sports insurance that covers athletic injuries AFTER primary insurance company payments are complete. This is an “accident-only” plan, meaning that illnesses are not covered. The injury must occur as a result of conditioning, practice or competition in the student-athlete’s designated varsity sport.

It provides for payment for usual, customary charges incurred within 104 weeks following the date of injury as long as treatment is sought within 90 days of the accident. Such medical benefits are provided up to a designated maximum limit, and that limit applies to each insured person for all injuries resulting from any one accident. Additionally the policy may also have a per-injury deductible that has to be met before the insurance begins to cover costs.

Injuries must be reported to the athletics training staff for documentation and possible treatment or referral. If an injury is not reported, then it cannot be verified as having occurred while participating in the student-athlete’s designated varsity sport.

As is the case with all medical insurance, certain medical costs are not covered by this athletic accident insurance policy. Costs not covered as a result of policy exclusions are the responsibility of the student-athlete.

A copy of the athletic insurance policy is on file in the athletic department office and may be reviewed upon request.
Evidence of Insurance Coverage

Primary Insurance

At the start of each season, student-athletes must provide a copy of their insurance card (or parents’ insurance card). If this coverage changes or is dropped, the athletics department should be notified immediately.

Secondary Insurance

When an injury occurs that requires treatment outside of the athletic training center, the student-athlete is given an insurance card for the university’s secondary athletics insurance plan. It has all of the policy information the health care provider needs to submit the claim.

Both insurance cards should be presented to the health care provider at the time of treatment. Payments will be coordinated between the insurance companies. Payments cannot exceed the cost of the treatment.

An Injury Has Occurred – What Do We Do?

The campus athletic trainers are responsible for the evaluation, recognition, management and rehabilitation of all athletic-related injuries sustained during participation in practice, conditioning or competition. All medical evaluations and management activities follow established sports medicine procedures and physician directed protocols. Injuries and illnesses that do not respond to training room care will be referred, as deemed appropriate, to an appropriate medical care provider. Student-athletes are encouraged to keep their families informed of the results and recommendations regarding routine medical care and/or referrals.

Both insurance cards should be presented to the health care provider at the time of treatment. Payments will be coordinated between the insurance companies. Payments cannot exceed the cost of the treatment.
Documents Needed to Pay Claims

There are three key documents the secondary/university insurance company must have to process a claim. If any one of these documents is missing, the insurance company will send a letter to the patient requesting the needed documentation. **It is very important to respond to these letters. Claims will be denied without proper documentation.**

1. **Claim Form:** Submitted by the institution and provides details about the nature of the injury and when it occurred. The claim form must be submitted within 90 days of when the injury first occurred.

2. **Fully Itemized Bill:** Typically submitted by the health care provider (in some cases, billing is sent to the primary policy holder (student-athlete or parent), in which case it can be forwarded to the insurance company. It contains the actual diagnosis codes and amount charged for each treatment. These are sometimes referred to by a standardized form name: **HCFA-1500** form for a doctor’s report, or **UB-04** for a hospital report.

   A “balance due” bill that just shows the amount billed cannot be used.

3. **Explanation of Benefits (EOB):** A summary generated by an insurance company explaining how a claim was processed. It will include the insured’s name, date of treatment, amount charged by the provider, the amounts covered and not covered under the insurance plan, and amount of patient’s responsibility.

   The EOB is not needed when the student-athlete is not covered under another insurance policy. The institution provides this information on the claim form.
Step-by-Step Track for Athletic Injury Expenses

If at any point in the process additional information is needed, the insurance company will send a letter to the patient requesting the needed documentation. **It is very important to respond to these letters. Claims will be denied without proper documentation.**