

ATHLETIC TRAINING ROOM POLICIES AND GUIDELINES NORTHWEST UNIVERSITY

Health care for intercollegiate athletes is unique to each sport and athlete. These policies and guidelines have been established to meet the needs of everyone making up the Sports Medicine team: Athlete, Athletic Trainer, Coach, Parent, and Team Physician. Please review these guidelines and refer to them, or contact the athletic training room if you have any questions. (425-889-5353) Good Luck this season!

In the event of an injury during a Northwest University athletic event or practice:

1. Contact an athletic trainer as soon as possible after the injury occurs. Any injury that prevents the athlete from performing at 100% of speed, strength, agility and intensity, needs to be evaluated promptly. This will prevent extra lost playing time and prevent re-injury.
2. The athletic trainer will communicate directly with the team physician. An athletic trainer will delegate any injury needing an evaluation by the team physician. The athletic trainer will help coaches and parents receive all information regarding an athlete's injury as soon as it is available.
3. Any party wishing to contact the team physician directly is encouraged to do so, IF the athletic training staff has been involved in the initial injury evaluation and recommendations. The chain of communication is paramount to the progress of the athlete's return to activity. Strong communication with the athletic training staff facilitates proper treatment, return to play, and insurance billing.

In the event of an injury "after hours" or in an activity not sponsored by the athletic department:

1. Seek out the type of medical care appropriate for the situation.
2. Contact your athletic trainer if his/her assistance is needed.
3. **Contact the athletic training room as soon as it reasonably possible.**

Treatment and Reconditioning Information:

1. Athletic training room hours vary according to academic and practice schedules. Generally speaking, the athletic training staff is available from 1:30-6:30 pm M-F, as needed on weekends, one hour before pre-season practices, and two hours before games.
2. Please allow one hour before practice begins to receive treatment. The athletic training room gets very crowded before practice. This allows the athletic training room to accommodate athletes, athletic trainer, and practice times.

****Please keep page 1 and 2 for your records. Page 3 is the only page that needs to be returned. ****

3. **Please check in daily with your athletic trainer regarding that session's treatment.** Injuries and practice conditions continually change. The athletic trainer can make the best decision based on all factors for each injury before receiving treatment.
4. Please fill out the sign in sheet. Each athlete must enter his or her treatment every time they enter the athletic training room. This is your responsibility to show that you have been doing treatment.

Insurance Billing and Information

1. All injury sustained during athletics that incurs any charges need to be filed through the athletes' primary insurance carrier: Northwest University athletes' policy is considered excess to the athlete's primary medical insurance policy. Northwest University excess policy will apply to injuries that are sustained during a sanctioned event and will take effect after the bill has been sent to the athlete's primary insurance.
2. In the event that an athlete has no primary medical insurance, they will need to contact the athletic trainer regarding available medical insurance coverage. All athletes must have primary insurance to be covered by Northwest's 'Excess' policy.
3. It is the responsibility of the athlete and his or her parents to communicate with the athletic training staff regarding any medical bills.

Any questions, correspondence, information regarding these guidelines and policies should be directed to:

Larry Brown
Head Athletic Trainer
PO Box 579
Kirkland, WA 98083-0579
Email: larry.brown@northwestu.edu
Athletic Training Room phone: (425) 889-5353
Fax: (425) 803-0413

****Please keep page 1 and 2 for your records. Page 3 is the only page that needs to be returned. ****

Northwest University's Athletics 'Excess' Insurance Information

Northwest University provides 'excess' coverage for all students participating in intercollegiate athletics. In order to be eligible for coverage, each athlete MUST have their own primary health insurance coverage (in their name as policyholder OR be covered under their parent/guardians health insurance), and MUST submit all appropriate forms. ALL documents must be on file in order to be eligible to participate in ANY athletic events (including practices or open gyms).

Required Forms:

-) Eligibility Packet Checklist
-) Training Room Policies Acknowledgement
-) NU Primary Insurance form, inclusive of insurance card copy
-) NU Pre-Participation Sports Physical Examination form
-) NU Health History Questionnaire
-) NU Emergency Medical Information Form

ATTENTION PARENTS AND NORTHWEST UNIVERSITY ATHLETES – It is very important that you understand the 'excess' insurance coverage program.

Each athlete must have their own primary medical insurance, and injury claims MUST be filed through your primary medical insurance PRIOR to any potential 'excess' coverage being made available. It is your responsibility to ensure your primary medical insurance covers athletic injuries. If it does not provide coverage, the Northwest University's 'excess' coverage will NOT be applied.

If there are any changes to your insurance plan during the school year, please send in an updated copy of the NU Primary Insurance Form as well as and updated copy of the NU Emergency Medical Information Form. PLEASE NOTE: PARENTS/GUARDIANS/STUDENTS ARE RESPONSIBLE FOR TIMELY NOTIFICATION. NORTHWEST UNIVERSITY WILL NOT BE HELD LIABLE FOR ANY DELAY, DISRUPTION OR ADDITIONAL CHARGES TO YOUR PRIMARY MEDICAL INSURANCE OR OUT OF POCKET EXPENSES.

NOTE: THIS PLAN IS INTENDED TO ASSIST WITH ANY OUT OF POCKET EXPENSES RELATING TO INJURIES THE STUDENT SUSTAINS WHILE ENGAGED IN SPONSORED/SUPERVISED NORTHWEST UNIVERSITY ATHLETIC EVENTS. THE PLAN IS NOT INTENDED TO COVER INDIVIDUAL OFFICE CALLS.

Procedure to Obtain 'Excess' Insurance Benefits

If your student is injured, you will receive an email from the Head Athletic Trainer, Larry Brown, at Northwest University advising you of the injury and sending you to the claim packet. **IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN/STUDENT FROM THIS POINT FORWARD TO FOLLOW UP AND FILE A CLAIM WITH BMI BENEFITS DIRECTLY. YOU WILL NOT RECEIVE FOLLOW UP CONTACT REGARDING INSURANCE COVERAGE FROM NORTHWEST UNIVERSITY.**

If you have received medical or physical therapy care and may need Northwest University's 'excess' insurance coverage, please do the following:

1. Your notice from Northwest University that your Student was injured contained a copy of Student Accident Claim Packet.
 - a. Fill out the appropriate sections of the BMI Benefits Claim form.
 - i. Part 1 B
 - ii. Parent/Guardian Information
 - iii. Section A and Section B
 - b. Send copy of form to BMI Benefits*:
 - i. Mail to: BMI Benefits, LLC, PO Box 511, Matawan NJ 07747
 - ii. Fax to: 732-583-9610
 - iii. Email to: Holly Becroft, hollyb@bobmccloskey.com
2. Keep a chronological list of ALL appointments related to a specific injury, for your records.
3. Take a copy of Northwest University's Provider Information Form to ALL medical/therapy providers involved with your injury. This form can be obtained in the training room.
 - a. This form provides instructions for the provider(s) to bill your primary insurance and send secondary billing to BMI directly.
4. If you receive a bill that was not submitted to BMI Benefits by the Provider:
 - a. Email, mail or fax (*See 1b):
 - i. All ITEMIZED bills and their associated Explanation of Benefits (EOB), including those bills under your primary medical insurance deductible and bills paid partially or in full by other collectable insurance. *NOTE: Bills showing only "Balance forward" or "Balance Due" are not acceptable.*
 - ii. If any or all benefits are denied, please send a copy of the denial letter showing the reason the charges were denied.

**TO ASSURE QUICK PROCESSING, PLEASE BE SURE THAT THE BILL AND THE INSURANCE EOB STATEMENTS SUBMITTED ARE FOR THE SAME ITEM. FEEL FREE TO OFFER BMI BENEFITS TOLL FREE NUMBER TO ANY PROVIDER WHO WISHES TO CONTACT THEM DIRECTLY.
BMI BENEFITS CAN BE REACHED AT: 800-445-3126**

HMO/PPO Benefits

If an injured athlete has these types of insurance plans, we recommend you **refer them to their primary care physician** or obtain authorization that will allow you to use a non-network provider if needed.

HOW TO FILE A CLAIM:

1. Complete this form within 90 days.
2. Attach Itemized Bills and Primary Carrier Statements
3. Mail to: BMI Benefits, LLC. PO Box 511, Matawan, NJ 07747 800-445-3126 (P) 732-583-9610 (F)



ANY PERSON WHO KNOWINGLY AND/OR WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY OR OTHER PERSONS FILES A STATEMENT OF CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION, MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO CRIMINAL AND SUBSTANTIAL CIVIL PENALTIES.

This part must be completed and signed by an official of the policyholder or the claim cannot be processed

PART 1A: POLICYHOLDER

School/Organization Northwest University - ICS & MSA		Policy# MSA - US566689 ICS - US566690	
School Mailing Address 5520 108th Ave NE Kirkland, WA 98033		City, State, Zip	
Injured Person's Name		Birth date	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Injury	Time	Type of Sport/Activity	Part of body injured
How did Injury occur?			
Sport Designation: Intercollegiate <input type="checkbox"/> Intramurals <input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> General Accident <input type="checkbox"/> Other <input type="checkbox"/>			
At the time of the injury, was the injured involved in an activity sponsored and supervised by the policy holder? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name of Supervisor		Was he/she a witness to the accident? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Signature of Supervisor/Official		Title Head Athletic Trainer	Date

PART 1 B: INJURED PERSON'S INFORMATION

THE INJURED PERSON'S SOCIAL SECURITY NUMBER MUST BE PROVIDED AS REQUIRED BY THE CENTER FOR MEDICARE SERVICES

Injured Person's Social Security Number	
Injured Person's Home Address (Street, City, State, Zip)	
Is the injured Person Employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please fill out Section A below.	
Is the injured Person Married? YES <input type="checkbox"/> NO <input type="checkbox"/> Spouse's Name	
Is the Spouse Employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please fill out Section B below.	
Are you covered by any other insurance policy, either as a dependent, group, individual, automobile medical or liability YES <input type="checkbox"/> NO <input type="checkbox"/>	
If Yes: Name of Insurance Carrier Policy #:	

PARENT/GUARDIAN INFORMATION

Father/Guardian Name	Mother/Guardian Name
Address (Street, City, State, Zip)	Address (Street, City, State, Zip)
Home Phone	Home Phone
Is the Father Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is the Mother Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>

SECTION A (INSURED/FATHER)

SECTION B (SPOUSE/MOTHER)

Employer		Employer	
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
Business Phone		Business Phone	
Insurance Company	Policy#	Insurance Company	Policy#

MEDICAL INFORMATION AUTHORIZATION ASSIGNMENT OF BENEFITS:

You are hereby authorized to furnish at the request of and to BMI Benefits, LLC or the underwriting companies with which it works, information which you may possess; including findings and treatment rendered, X-rays and copies of all hospital and medical records, all occasioned by professional services and hospital care rendered on my behalf. The foregoing authorization is granted with the understanding that any legal rights I may ordinarily have to claim communications between us as privileged are hereby expressly and voluntarily waived. A Photostat of this authorization shall be considered as effective and valid as the original. **PAYMENT WILL BE MADE TO THE PROVIDERS OF SERVICE (HOSPITAL, PHYSICIAN AND OTHERS), UNLESS A PAID RECEIPT OR STATEMENT ACCOMPANIES THE BILL AT THE TIME THE CLAIM IS SUBMITTED.**

New York: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Claimant or Authorized Person's Signature	Date
---	------

Northwest University Provider Information Form

Dear Provider,

The patient that you are treating today is a student of Northwest University. Northwest University has provided their students with an excess accident medical plan that pays covered charges after the Student's primary insurance has been exhausted. BMI Benefits is the claims administrator for the excess plan. The following information is being supplied to you in an effort to assist the student in obtaining maximum benefits in a timely manner.

Please submit all charges through any other primary insurance available to the student first, and then submit itemized bills, the primary carriers Explanation of Benefits, and your W-9/TIN to BMI Benefits via:

Mail:
BMI Benefits
PO Box 511
Matawan, NJ 07747

Fax:
732-583-9610

Email:
Hollyb@bobmccloskey.com

The Northwest University policy number is US566689.

Should you have any questions, or need any additional information with relation to policy benefits or the submission of claims, please contact BMI Benefits at 800-445-3126.

This is not a guarantee of payment or benefits. All claims are subject to plan limitations and exclusions.

Thank You,



Northwest University
5520 108th AVE NE
Kirkland, WA 98033