Date: May 25, 2011

TO: Returning Student-Athlete and Parents

FROM: Doug Frye, ATC, LAT, PES, CES

RE: Important Information about Insurance, Medical History Forms, and Other Forms

In this packet of material, you should find forms to be completed on-line and returned:

*Returning Student-Athletes **ARE NOT** required to have a physical completed prior to their return to campus.

Athletes Personal/Insurance Information

- Due to the number of problems filing health insurance claims and changes with University policy, I think a brief note to you is in order. University policy requires **all students** to maintain personal health insurance coverage. Both the University and the athletic department require proof of insurance.

- Please complete the entire form, sign, date, and attach an enlarged photocopy of the front and back of your personal health insurance card. By checking the box provided on the form, you certify that you have personal health insurance and do not wish to purchase the Blanket Accident and Health Insurance plan designed for the students of JU. This does not mean that the University will not provide you with a secondary accident policy for injuries that occur during countable athletically related activities (See Form-Medical Bill Payment Policy). If you change health insurances or any information listed on the form changes, please report the changes immediately to the University, athletic department and current medical providers.

- Since many injuries and most illnesses are not athletically related, please have a personal copy of your health insurance card with you while at the University.

- Many health insurance plans have limited or no benefit outside of your home area except for emergency room visits. They may not cover doctor visits, follow-up care, diagnostic evaluation, surgery, and physical therapy. Contact your health insurance company to ensure you have medical coverage away from your hometown area. Many companies will provide away from home coverage with pre-planning and some advanced paperwork. Some companies require you to arrange away from home coverage each year. Prepare now. It may save you from reduced or denied benefits in the future and/or a delay in non-emergency medical services.

- Some athletes change their primary care physician to a local Medical Doctor. This may ease gaining medical care and/or obtaining referrals. Here is a list of local MD's that the Athletic Department have used in the past.

  Preferred (Works Directly with our Student-Athletes on a Daily Basis)
  - Dr. Richard Valenzuela, Baptist Primary Care, 5566 Ft. Caroline Road, Suite 20, (904) 744-5244

  Other Suggestions
  - Dr. William L. Carrierre at The Family Care Center of Arlington, 6484 Ft. Caroline Road, (904) 744-7300
  - Dr. Michael L. Waters, Baptist Primary Care, 13001-2 Atlantic Blvd., (904) 221-0262.

- There are other very good MD's in the area. Contact the JU Sports Medicine staff for other recommendations/suggestions.

- If your son/daughter is covered under a Secondary Insurance Plan, Dental and/or Vision Insurance Plan, please fill out the Secondary Insurance form, Dental Insurance form and/or Vision Insurance Form. These additional forms can be accessed on the JU Sports Medicine Website.

Interim Medical History Form

- Explain, in detail, any yes answers. For any conditions/injuries that required diagnostic testing or physician evaluation while you were at home please include copies of testing reports as well as physician office notes and/or surgery notes.

- Returning Student-Athletes who are ADHD are required to fill out the ADHD forms yearly. These forms can be accessed at judolphins.com and then by clicking on the Sports Medicine link.

Consent to Treat/Assumption of Risk Form

- Read and sign in the appropriate box.

Release of Information/ Gain Information Form

- Read and sign in the appropriate box.

Injury Reporting/Bill Payment

- Read and sign in the appropriate box

Please complete and mail all forms back to Jacksonville University Sports Medicine Department, **do not fax.**

If you have any questions, please feel free to contact myself or any member of the JU Sports Medicine Department at (904) 256-7714.

Doug Frye, ATC, LAT, PES, CES
Head Athletic Trainer
Jacksonville University
2800 University Blvd N
Jacksonville, FL 32211
dfrye@ju.edu

Jacksonville University Sports Medicine
Athlete Personal / Insurance Information 2011-2012

Student-Athlete Information

Last Name: ____________________________ First Name: ________________________ Middle Initial: _____ Sport(s): __________________

Sex: ________ SS#______________________________ JU Student ID# ______________________Date of Birth: ___________________

Cell Phone # (____)______________________ Home Phone # (_____)_________________ E-Mail: ________________________________

Home Address:____ City: _________________________ State: _______ Zip: __________

Allergies: NONE YES List: ____

Medications Taken Regularly: NONE YES List: ____

Medical Alerts/Conditions: NONE YES List: ____

Emergency Contact Information

Name: ___________________________ Relationship: ___________

Home # (______)________________Cell # (______)____________

Work # (______)________________ E-Mail: __________________

Address: ____

City: ____________________________ State: _____ Zip: ________

Primary Care Physician Information

Name: ____

Address: ____

City: _______________________ State: ______ Zip: _________

Phone (______)____

◯ I do not have a Primary Care Physician

Primary Insurance Information

Policy Holder's Name: ______________________________________ Date of Birth: ____________________ SS#______________________

Address: ____ City: ____________________ State: ________ Zip: ______________

Home #(_____)_______________ Cell #(_____)_______________Work #(_____)_______________ E-Mail: _________________________

Policy Holders Employer: ____

Insurance Company: ____ Phone (______)_________________________________

Address: ____ City: ____________________ State: ________ Zip: ______________

Policy # ___________________________________ Group # ____________________________ ID #_________________________________

Please circle what type of insurance your son/daughter has: HMO PPO POS Other____

If you have an HMO, do you have Out-of-Network Benefits? YES NO Does your son/daughter have Dental Insurance? YES NO

Is a referral required from the athlete's Primary Care Physician? YES NO Does your son/daughter have Vision Insurance? YES NO

Is pre-authorization required for (circle all that apply): Specialist Care Surgery Diagnostic Services Emergency Dept. Hospitalization

PLEASE ATTACH AN **ENLARGED**, **CLEAN,** COPY OF THE **FRONT AND BACK** OF THE INSURANCE CARD

☐ By checking the box, I certify that I have local coverage under an existing personal health insurance plan and do not require the school-endorsed Student Health Insurance.

I certify that the above information is true and correct to the best of my knowledge. I understand that I must notify Jacksonville University in a timely manner if any changes in insurance should occur. I understand that failure to notify Jacksonville University of any insurance changes may result in Jacksonville University not being financially responsible for athletic related injuries.

____ ________________________________

Athlete Signature Date

Jacksonville University Sports Medicine
Athlete Insurance Card Copy 2011-2012

Athlete Name: ________________________________ Sport(s): ________________________________

HEALTH INSURANCE CARD

*PLEASE ATTACH AN **ENLARGED**, **CLEAN,** COPY OF THE **FRONT AND BACK** OF THE **HEALTH INSURANCE** CARD BELOW*

FRONT BACK

If Applicable, PRESCRIPTION CARD

*PLEASE ATTACH AN **ENLARGED**, **CLEAN,** COPY OF THE **FRONT AND BACK** OF THE **PRESCRIPTION CARD** BELOW*

FRONT BACK

I certify that the above information is true and correct to the best of my knowledge. I understand that I must notify Jacksonville University in a timely manner if any changes in insurance should occur. I understand that failure to notify Jacksonville University of any insurance changes may result in Jacksonville University not being financially responsible for athletic related injuries.

________________________________ ________________________________
Athlete Signature Date

Jacksonville University Sports Medicine
Returning Athlete Health History Update 2011-2012

Athlete Name: ___________________________ Sport(s): _____________________________

Medical History: In the past year, have you had or currently have:	Y	N	Explain Yes Answers and Give Dates
Been hospitalized or under a physicians care?	☐	☐	
Had a heat illness (Heat cramps, exhaustion, or stroke)	☐	☐	
Cough, wheeze, or have trouble breathing during or after exercise?	☐	☐	
Had chest pains, irregular heartbeats, a heart murmur, or any other heart condition?	☐	☐	
Been dizzy during or after exercise?	☐	☐	
Racing of your heart/Skipped beats?	☐	☐	
Passed out or fainted with exercise?	☐	☐	
Has any member of your immediate family died of heart problems before the age of 50?	☐	☐	
You taken **ANY** OTC drugs, prescriptions, or supplements in the last 6 months?	☐	☐	
Any eye problems?	☐	☐	
Any dental problems?	☐	☐	
Any Illness?	☐	☐	
Any Surgery?	☐	☐	
Female Athletes Only			
When did your last menstrual period begin?			
What was the longest time between your periods last year?			
Have you ever been on birth control pills or injections?	☐	☐	

Injury History: In the past year, have you had or currently have problems with:	Y	N	Side (circle)	Date	Current Problem? Y	Current Problem? N	Explain Yes Answers
Head (concussions, unconscious, surgery, hospitalized, etc)	☐	☐	L R		☐	☐	
Face (eye injury, broken nose, ear problem, etc)	☐	☐	L R		☐	☐	
Neck (strain, fracture, burner/stinger, surgery, etc)	☐	☐	L R		☐	☐	
Shoulder/Upper Arm (dislocation, surgery, fracture, etc)	☐	☐	L R		☐	☐	
Elbow/Forearm (dislocation, fracture, surgery, etc.)	☐	☐	L R		☐	☐	
Wrist/Thumb/Hand (surgery, fracture, dislocation, etc)	☐	☐	L R		☐	☐	
Fingers (Sprain, fracture, surgery, dislocation, etc)	☐	☐	L R		☐	☐	
Chest (heart, lung, rib fracture, surgery, etc)	☐	☐	L R		☐	☐	
Abdomen (kidney, liver, spleen, abdominal strain, surgery, etc)	☐	☐	L R		☐	☐	
Genitalia (testicle, ovary, surgery, etc)	☐	☐	L R		☐	☐	
Back (strain, surgery, disc pathology, etc)	☐	☐	L R		☐	☐	
Hip/Thigh (strain, dislocation, surgery, etc)	☐	☐	L R		☐	☐	
Knee (sprain, tendonitis, surgery, etc)	☐	☐	L R		☐	☐	
Lower Leg (shin splints, stress fractures, surgery, etc)	☐	☐	L R		☐	☐	
Ankle (sprain, surgery, etc)	☐	☐	L R		☐	☐	
Foot/Toes (sprain, fracture, surgery, etc)	☐	☐	L R		☐	☐	
Were you seen by a physician for any injury listed above?	☐	☐					
Were you cleared to return to participation?	☐	☐					
Do you need to see a physician for any injuries listed or not listed above?	☐	☐	L R		☐	☐	

Diet History: Do you have or Have you ever had:	Y N	Explain Yes Answers
Anorexia/ Bulemia / Eating disorder	☐ ☐	
Ever induced vomiting to control your weight?	☐ ☐	
Ever used laxatives, diuretics, or diet pills for weight loss?	☐ ☐	
Taken any vitamins, minerals, supplements?	☐ ☐	
Any foods you choose not to eat? (dairy, meat, etc)	☐ ☐	
You want to weigh *(Circle):* MORE LESS Ideal Weight:		

General Information:	Y N	Explain Yes Answers and Give Dates
Have you had an injury or illness in the last 12 months that has not been listed on this form?	☐ ☐	
Do you need to see a physician for any medical condition listed or not listed on this form?	☐ ☐	
Do you know of any health reason listed or not listed that would not allow you to participate in intercollegiate athletics at Jacksonville University?	☐ ☐	

Additional Space for "YES" answers

I certify that I have listed all medical conditions and injuries and they are true and correct to the best of my knowledge. I understand that other questions may be asked by the Jacksonville University Sports Medicine Department to determine if the injury/condition needs additional evaluation.

_________________________________ _________________________________

Athlete Signature Date

Jacksonville University Sports Medicine Staff Only

Height: ____________ Weight: ______________ BP: ______/_______ Pulse: __________

◯ Cleared, No further evaluation needed

◯ Re-Evaluation Needed:

Body Part____________________

Body Part____________________

Body Part____________________

Athlete Referred To: ◯Team Physician- Orthopedics

◯Team Physician- General Practice

◯ Other: _________________________

JU Sports Medicine Staff Only ***Reviewed By:*** ___________ ________ ***Staff Initials*** ***Date***	**Additional Comments**

Jacksonville University Sports Medicine
Consent to Treat and Assumption of Risk Form 2011-2012

Athlete Name: ________________________________ Sport(s): ____________________
____

(The Jacksonville University athlete must sign each subsection if he or she is at least 18 years old.
If under 18, a parent or legal guardian MUST sign)

CONSENT TO TREAT

I,______________________________, hereby grant permission to the Jacksonville University Team Physician and/or consulting specialist to render to myself (my son or daughter, if under 18 years of age) any treatment, medical or surgical care that they deem reasonably necessary for my (son's or daughter's) health and well being.

I also hereby authorize the Athletic Training Staff at Jacksonville University, who is under the direction and guidance of the University's Team Physicians, to render to myself (son or daughter), any preventive, first-aid, rehabilitative, or treatment that they deem reasonably necessary for my (son's or daughter's) health and well being.

If an injury/illness occurs off campus, I authorize the Athletic Training Staff or Coach to seek and render treatment or medical care that they deem reasonably necessary, including hospitalization, for my (son's or daughter's) health and well being.

_________________________ _______________________

Signature Date

If this form was signed by someone other than the athlete, please circle authority to act on behalf of the athlete:

⬭ **Parent** ⬭ **Legal Guardian** ⬭ **Other**__________________________________

ASSUMPTION OF RISK/RELEASE OF LIABILITY

I, ______________________________, hereby acknowledge that I (my son or daughter) have/has been properly advised, cautioned and warned by the proper administrative and/or coaching staff at Jacksonville University, that by participating in the sport(s) ____, I (he or she) am (is) exposing myself (himself/herself) to the risk of serious injury, including but not to, the risk of sprains, strains, fractures and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my (his or her) limb, brain damage, paralysis, or even death. I (he /she) also understand that there are risks involved with traveling in connection with intercollegiate athletics. Having been so cautioned and warned, it is still my (his or her) desire to participate in the above sport(s). As consideration for participation in the sports program, I (he/she) hereby voluntarily assume(s) all risks associated with participation and agree to exonerate, save harmless and release Jacksonville University, its agents, servants and employees from any and all liability, any medical expenses not covered by the University's secondary sports accident policy, and all claims, causes of action or demand of any kind and nature including claims of negligence which may arise by or in connection with my (his/her) participation in any activities related to intercollegiate athletics.

____________________________ _________________________

Signature Date

If this form was signed by someone other than the athlete, please circle authority to act on behalf of the athlete:

⬭ **Parent** ⬭ **Legal Guardian** ⬭ **Other**__________________________________

Photocopies of this form is as binding as is the original and shall remain in effect until revoked in writing

Jacksonville University Sports Medicine
Authorization to Release/Gain Information Form 2011-2012

Athlete Name: ___________________________ Sport(s): ______________________

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(The Jacksonville University student/ athlete must sign each subsection if he or she is at least 18 years old. If under 18, a parent or legal guardian MUST sign.)

AUTHORIZATION FOR JACKSONVILLE UNIVERSITY TO RELEASE INFORMATION

I,____, hereby allow the Jacksonville University Athletic Training Staff and/or Team Physicians to release any medical information regarding the athlete named above. This information can be given to coaches, the Athletic Training Staff, the Jacksonville University Sports Information Department, the Jacksonville University Athletic Administration, the Atlantic Sun Conference, media outlets, representative scouts of professional athletic teams, insurance companies, health plans, athlete's parent/guardian or other third party payers. This can include any information concerning injury or medical condition related to my past, present, or future participation in athletics at Jacksonville University. These disclosures may be made for purposes related to athletic training, public relations, media coverage, recruitment, payment and reimbursement, or health care operations. The authorization expires twelve months after the athlete is no longer enrolled at Jacksonville University.

I understand that I do not have to sign this form. My choice about whether to sign this form will not change the way health care providers treat the athlete. I know that I can see or copy any paper records that have been given out. I also understand that if information is given to others as allowed in this form, it may no longer be protected by federal privacy laws. This form can be revoked at any time in writing. Written revocations should be signed and given to the Athletic Training Staff or Team Physicians. Revocation letters will not affect any actions taken before the Athletic Training Staff or Team Physicians received the revocation.

____ ________________________

Signature Date

If this form was signed by someone other than the athlete, please indicate authority to act on behalf of the athlete:

○ **Parent** ○ **Legal Guardian** ○ **Other**____

RELEASE OF INFORMATION TO JACKSONVILLE UNIVERISTY ATHLETIC TRAINING STAFF

I,____, hereby allow Jacksonville University Team Physicians, other physicians and rehabilitation and diagnostic centers, or consulting medical specialists to release any and all medical information concerning the athlete named above to the Athletic Training Staff at Jacksonville University. This information includes anything relating to or affecting participation in athletics at Jacksonville University. This information may include, but is not limited to, all information within their knowledge, or contained in any records under their control or supervision concerning the student's physical condition, illness, and/or injuries. This includes, but is not limited to: X-rays, MRIs, results of tests, and dictations.

I also hereby authorize the Jacksonville University Athletic Training Staff to receive from insurance companies, medical providers, and employer health plans payment information pertaining to the athlete's injury or illness. This includes, but is not limited to, benefits information, explanation of benefits forms and itemized statements. These disclosures may be made for evaluation and treatment purposes, payment purposes, health care operations purposes, or any other purpose as required by Jacksonville University. This authorization expires twelve months after the athlete is no longer enrolled at Jacksonville University.

I understand that I do not have to sign this form. My choice about whether to sign this form will not change the way health care providers treat the athlete. I know I can see or copy any paper records that have been given out. I also understand that if information is given to others as allowed in this form, it may no longer be protected by federal privacy laws. This form can be revoked at any time in writing. Written revocations should be signed and given to the Athletic Training Staff or Team Physicians. Revocation letters will not affect any actions taken before the Athletic Training Staff or Team Physicians received the revocation.

____ ________________________

Signature Date

If this form was signed by someone other than the athlete, please indicate authority to act on behalf of the athlete:

○ **Parent** ○ **Legal Guardian** ○ **Other**____

Photocopies of this form are as binding as the original and shall remain in effect until revoked in writing

Jacksonville University Sports Medicine
Athletic Injuries/Illness Reporting and Medical Bill Payment Policy 2011-2012

Athlete Name: ______________________________ Sport(s): ___________________________

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1. All athletic injuries/illness must be reported to the Athletic Training Staff immediately. If an athletic trainer is not available, contact your coaching staff, then report to the Athletic Training Staff as soon as possible. Failure to report an injury in a timely manner may reduce or terminate Jacksonville University's involvement. It is the student-athletes responsibility to report all injuries to the athletic training staff in a timely manner.
2. The reporting of injuries also includes but not limited to reporting signs and symptoms associated with concussions, heat illness, or sickle cell.
3. Except in cases of extreme emergencies, if an injury occurs during a countable athletically related activity requires a physician's care other than that of the University's Infirmary; **only the Athletic Training Staff** can authorize the arrangements.
4. Jacksonville University **is not** financially responsible for: a) pre-existing conditions or the exacerbation of a pre-existing condition; b) general medical conditions/illness; c) injuries/conditions that occur during non-countable athletically related activities. This includes, but not limited to: voluntary workouts/training/play/ captain practices; d) injuries/conditions related to body piercing; e) medical bills resulting from a countable athletically related injury/conditions when proper procedure (i.e., injury reporting, insurance filing) is not followed or processed in a timely manner; f) medical expenses if you fail to maintain personal health insurance as required by the University; g) unauthorized medical expenses including expenses incurred from physician consultations for the purpose of a second opinion unless referred by the team physician or authorized attending physician and authorized by a JU staff athletic trainer.
5. Jacksonville University's policy on paying medical bills is as follows:
   - Primary insurance coverage is the athlete's personal health insurance. It is the athlete's and/or parent's responsibility to ensure that all medical providers have correct insurance information and all claims are properly processed with their insurance company. This includes, but not limited to, primary care physician and insurance notification and gaining referrals, proof of student status and completion of any insurance claim forms.
   - Jacksonville University has secondary insurance coverage. If proper procedure is followed with the athlete's personal health insurance and the primary insurance denies the claim or does not cover the entire balance, the J.U. and/or insurance carrier will be responsible for the balance.
6. Jacksonville University and/or the University's insurance carrier will make final payment when the Athletic Training Staff or our secondary insurance carrier receives the following. Untimely filing penalties are not the responsibility of the University or secondary insurance carrier.
   - All available itemized bills (HCFA 1500 or UB92) for medical service. "Balance Due" bills are not acceptable.
   - Explanation of Benefits (EOB) from insurance plan. There should be an EOB for each itemized bill submitted for payment.

Secondary Insurance Information:
Group Name – Jacksonville University. Policy # - JU – (Athlete's S.S. #). Send Claims to: Trustway T.E.A.M., Claims Department. P.O. Box 674168, Marietta, GA 30006. Phone – (678) 803-1317. Fax – (678) 803-1811.

Every effort will be made by me to make this process easy for you. If you have any questions that the insurance company or medical provider can not answer, please feel free to contact me at the University. I may be reached at: Phone - (904) 256-7421, E-Mail - bmcdoug@ju.edu, Fax - (904) 256-7116, Mail - Bo McDougal, Jacksonville University, 2800 University Blvd. North, Jacksonville, FL 32211.

______________________________ ______________________________
Signature Date

(Please retain copy for future reference)