

# GORILLA SPORTMEDICINE

\* Pittsburg State University \* 1701 South Broadway \* Pittsburg, KS 66762 \*  
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Dear Parent or Guardian:

Every student athlete is **required** to have a primary insurance policy that covers **intercollegiate athletic related injuries**. Our intercollegiate athletic accident insurance policy, which provides insurance for your son or daughter for injuries occurring while participating in the **supervised** play, practice or travel associated with intercollegiate sports, is "EXCESS" or "SECONDARY" to any other collectible group insurance benefits.

This means that any claim for benefits must first be filed with the group insurance company providing coverage to your son or daughter through your employer, your spouse's employer, or any other health care plan that is in effect. After they have paid all available benefits, our athletic insurance company will *consider* remaining amounts based on USUAL and CUSTOMARY charges. The insured will be responsible for any remaining individual or family deductibles as they apply to claims. Co-insurance amounts will be filed with the intercollegiate athletic accident insurance policy.

**WE, AS THE SCHOOL, DO NOT HAVE THE OPTION OF WAIVING THE REQUIREMENT OF FILING WITH YOUR GROUP INSURANCE.**

### PLEASE NOTE:

1. Most employers' group insurance allows dependent coverage to be continued to age 23 if the dependent is a full-time student. **DO NOT** drop dependent coverage while your son or daughter is participating in intercollegiate athletics.
2. Claims against your group insurance plan **DO NOT** increase your individual insurance premiums.

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**Please read and sign the following.**

**Return the bottom half of this signed document with the insurance information/authorization form.**

I understand that bills which may result from medical care deemed necessary will be filed with my family policy first. Remaining balances will then be filed with the athletic accidental injury insurance purchased by the Pittsburg State University athletic department. I also understand that it is my responsibility to forward all bills and insurance explanation of benefit forms received by me to the head athletic trainer at Pittsburg State University.

I acknowledge that Pittsburg State University and their insurance agent are not financially responsible for medical care provided for pre-existing injuries and or conditions, or for medical treatment for conditions considered to be congenital or hereditary in nature. I further acknowledge that Pittsburg State University and their insurance agent are not financially responsible for medical care deemed necessary for injuries arising from participation in extracurricular activities, including but not limited to: horseplay, fighting, intramural activities, and other recreational activities not directly related to the supervised play, practice, or travel associated with the student/athlete's sport(s). I understand that **I am financially responsible for any deductibles** associated with my son's or daughter's primary insurance coverage.

I further understand that if my group insurance is an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization) I must follow the proper procedures required by my plan in order for the University's insurance to satisfactorily complete its' portion of the claim (this is especially important if your plan requires pre-authorization for treatment when your son or daughter is out of the plan's service area).

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_