Medical Billing Policies

• You or your insurance company is responsible for the first $1000.00 of any and all bills generated from athletic injuries.

• Colgate University has an excess insurance policy to help cover costs associated with athletic injuries. This policy will not contribute until at least $1000.00 has been paid by an insurance company or by the student-athlete.

• An athletic injury is one that directly results from your participation in an official Colgate athletic activity: practice, contest, conditioning (coach supervised), weight training (coach supervised), skill session (coach supervised) etc.

• All bills must be submitted to your insurance company first. Any balances remaining after your insurance company has paid to their limit can then be submitted to our excess insurance policy. While every effort will be made to keep student-athletes and their families from having to pay medical bills, there are no guarantees that our excess insurance policy will cover all balances.

• Colgate’s insurance policy will not pay over a “reasonable and customary level. If you seek high-priced medical attention then you run the risk of having remaining balances after our insurance has paid to their maximum.

• It is your responsibility to research what your insurance policy will cover in the event of an athletic injury.

• If your insurance company will not cover at least $1000.00 of any medical bill generated from an athletic injury, then you are strongly encouraged to purchase the student medical insurance offered by Colgate University. This insurance will pay up to $2000.00 of all bills associated with each and every athletic injury.

• This excess insurance policy is the limit of Colgate University’s responsibility for any and all athletic medical costs.

NCAA Banned Drug Policy

The NCAA has established stricter documentation requirements for eligibility for a medical exception to the NCAA banned drug policy.

Some legitimate medications contain NCAA banned substances, and student-athletes may need to use these medicines to support their academic welfare and their general health. If you are taking a medication(s) that falls into a class of drugs banned by the NCAA (e.g., any kind of stimulant medication) you must be prepared to demonstrate that you are eligible for a medical exception to the NCAA banned drug policy. (http://www.ncaa.org/wps/wcm/connect/public/ncaa/health+and+safety/drug+testing/resources/ncaa+banned+drugs+list)

You must be prepared to provide comprehensive and current documentation to clearly establish that the medication you are taking is appropriate to a clearly defined and verifiable medical condition or disability (e.g., ADD/ADHD).

The information must include the following:

1. Description of the evaluation process which identifies the assessment tools, procedures and complete results.
2. Statement of the diagnosis, including when it was confirmed.
3. History of previous treatment and plan for ongoing treatment and medication monitoring.
4. Statement of rationale for particular medication recommended including confirmation that a non-banned substance was considered.

Please note that a statement from your physician that he or she is treating you with a medication is not considered adequate documentation.

Student-athletes treated since childhood with a medication(s) but who do not have records of childhood assessment, or who are initiating treatment as an adult, must undergo a comprehensive evaluation to establish a diagnosis requiring the medication. The student-athlete would be responsible for the cost of these evaluations.
You will be expected to provide confirmation of ongoing monitoring of your treatment in the form of a letter from your prescribing physician or a copy of your medical record. This must be received by the start of each academic year.

Having this information on record at the University Health Services will ensure a quicker ruling by the NCAA regarding an exception.

Please send the above information directly to the University Health Services (Colgate University, Hamilton, NY 13346) where it will become part of your confidential health record.

None of the above replaces the need for you to directly communicate with the Office of Academic Support and Disability Services should you require any special assistance.

If you have any questions concerning this policy or about whether the documentation you have is adequate, please contact the following people:

- Merrill Miller, MD, Director of University Health Services, mmiller@colgate.edu, 315-228-7750
- Lynn Waldman, Director of Academic Support and Disability Services, lwaldman@colgate.edu, 315-228-7375

**Nutritional Supplements**

Below are some important facts regarding nutritional supplements:

- Dietary supplements are not well regulated and may cause a positive drug test result.
- Student-athletes have tested positive and lost their eligibility using dietary supplements.
- Many dietary supplements are contaminated with banned drugs not listed on the label.
- Any product containing a dietary supplement ingredient is taken at your own risk.

Information about ingredients in medications and nutritional/dietary supplements can be obtained by contacting the Resource Exchange Center (REC) online at www.drugfreesport.com/rec or at 877/202-0769 (password ncaa1).

*It is your responsibility to make sure that anything you ingest is an allowable substance by the NCAA.*

**Concussion**

In the 2004 Position Statement by the National Athletic Trainers’ Association concussion was defined as an injury which involves an acceleration-deceleration mechanism in which a blow to the head or the head striking an object results in one or more of the following conditions: headache, nausea, vomiting, dizziness, balance problems, feeling “slowed down,” fatigue, trouble sleeping, drowsiness, sensitivity to light or noise, loss of consciousness, blurred vision, difficulty remembering, or difficulty concentrating.

Student-athletes are encouraged to recognize and understand the symptoms of concussion. Dealing with these injuries when they happen leads to the most successful recovery. Your athletic trainer is well-trained in the recognition, care, and proper referral of head injuries. *Your honesty when these injuries occur is an absolute necessity to ensure proper care, recovery and an effective and safe return to athletic activity.*

**Assumption of Risk**

Injury is an inherent aspect of sport. I understand that through my participation in the intercollegiate athletic program at Colgate University, I am subject to possible injury, and also understand that by my participation, I accept the risk of possible injury. I understand that those who are responsible for the conduct of my sport have taken reasonable precautions to minimize such risks.

This statement will remain in effect until such time as it is revoked in writing by me.
Information Release Authorization

By signing below, I am authorizing Colgate Sports Medicine and Colgate University Health Services to provide to my parents or guardians as well as coaches, university personnel, and medical personnel, all information concerning my health care, injury, rehabilitation, treatment, and health status. This information is to be used for the purpose of advising persons of my health or injury status and for the purpose of accessing the insurance coverage under the policy which covers medical treatment and costs for me.

I am also authorizing Colgate Sports Medicine and Colgate University Health Services to obtain medical information and records from all of my past or present health care/medical providers.

This authorization is valid until such time as it is revoked in writing by me.

Both the student-athlete and a parent/guardian must sign below to indicate the above information has been read and understood.

By signing below I certify that I have read and understand the above information in the 2013-2014 Colgate University Sports Medicine Special Information Statement. I also acknowledge that the document contains information about: Medical Billing Policies, NCAA Banned Drug Policy, Nutritional Supplements, Concussions, Assumption of Risk and Information Release. I also certify that I have read and understand the statement concerning the signs and symptoms of concussions (See Concussions section) and I, the student-athlete, will accept the responsibility of reporting all injuries and illnesses to the Colgate Sports Medicine Staff, including any signs and symptoms of concussions.

Student-Athlete

Printed Name: ________________________________

Signature: ________________________________ Date: _______________________

Parent/Guardian

Printed Name: ________________________________

Signature: ________________________________ Date: _______________________

Both the student-athlete and a parent/guardian must sign below to indicate the above information has been read and understood.