



William & Mary
Division of Sports Medicine
Returning Student Athlete 2023-2024

We are pleased to welcome you back to the William & Mary family for another year of exciting Tribe Athletics. There are a few important items that must be completed and returned no later than **July 1st** so that we can update your personal, confidential file with the Division of Sports Medicine and with the Student Health Center. These items are necessary in medically clearing you for participation in intercollegiate athletics at the university and establishing your eligibility for coverage under our secondary insurance policy. Incomplete forms will delay the process. **This process must be complete before you will be allowed to participate in any athletic activity.**

Health Insurance Form

- Please note that you must include a copy of the **FRONT** and **BACK** of your insurance card in the space provided.
- You are also required to provide proof of insurance to the Student Health Center. Understand that this is separate from what Sports Medicine is asking you to do. You need to do both.
 - tribehealth.wm.edu
- TriCare Special Notes:
 - **If you have TriCare, you MUST specify Prime or Select.**
 - If you are enrolled in TriCare Standard, be aware that it has transitioned into TriCare Select as of January 2019. Please enroll into the East Region, which will put you into TriCare Humana. You will have to select a Primary Care Physician (PCP)
 - If you are enrolled in TriCare Prime, know that your coverage from William & Mary Team Physicians will be limited. The scope of this plan requires you to see a physician at Fort Eustis in Newport News (40 minutes from campus).
 - If you would like to switch plans, a change of address qualifies as a life event to enroll outside of the normal enrollment period.

Waive OR Enroll in the School's Insurance

- **If you have existing health care coverage** for your child and DO NOT wish to purchase the health insurance coverage offered through the Student Health Center, you need to visit www.wm.edu/health/insurance to submit a waiver request. **YOU MUST SUBMIT THIS ONLINE.** However, if you have existing health care but do not have coverage in the state of Virginia, you may want to consider purchasing the health insurance policy offered through the Student Health Center. You will need to submit an enrollment request for this. Please see item below regarding lack of insurance coverage.
 - If you do not submit this request by the deadline on the website, you will be automatically billed for coverage under the student insurance administered by United Healthcare Student Resources. The opening & closing dates are available on the website at the above link.
 - Denying the student health insurance DOES NOT affect your ability to be seen at the Student Health center or the Athletic Department's secondary insurance coverage.
- **If you do not have existing insurance coverage**, you should purchase the health insurance policy offered through the Student Health Center. Please visit www.wm.edu/health/insurance to submit an enrollment request. **YOU MUST SUBMIT THIS ONLINE.**
 - The opening & closing dates are available on the website at the above link.

ADHD Medication Exemption Information Form (if applicable)

- The National Collegiate Athletic Association (NCAA) bans certain classes of drugs because they can harm student-athletes and could create an unfair advantage in competition. The NCAA will grant medical exceptions if adequate documentation showing the student-athlete has undergone a diagnostic evaluation for a type of drug. Exceptions may be granted for substances included in the following classes of banned drugs: anabolic agents, stimulants, beta blockers, diuretics, anti-estrogens, and peptide hormone. If you are on these medications, print the ADHD Medication Exemption Information Form at the end of this packet and give to your doctor to obtain the proper documentation for your medication so that we have it on file in the Athletic Training Facility. Your physician needs to complete the form **and** include the necessary documentation required in the form. The NCAA now requires us to have this information on file.

Submitting your forms

Please mail the completed forms to the appropriate addresses shown below by **July 1st**. If you mail forms to the incorrect location, it will delay the processing of your paperwork.

Please keep pages 3-8 for your records.

Please mail the **Health Insurance Form** and **ADHD Medication Exemption Information Form** (if applicable) to:

William & Mary
Division of Sports Medicine
PO Box 399
Williamsburg, VA 23187-0399

If you have questions regarding these forms or have trouble downloading these forms, please email Melanie Eley at mneley@wm.edu or call (757) 221-4845.



**William & Mary
Division of Sports Medicine
Insurance FAQs**

What type of athletic insurance does the athletic department carry?

As a service to our student athletes, the Athletic Department provides a secondary or supplemental athletic accidental insurance. The secondary policy will only be applied to medical costs incurred for services rendered by a participant in the William & Mary Sports Medicine network and their specific written referral for further care. That care must still be coordinated through the athletic training staff prior to the visit. The secondary policy is applicable only for athletic injuries that are a direct result of intercollegiate activity during a required practice or competition supervised by a coach.

The secondary insurance policy requires that the injured athlete first make a claim under their primary medical or hospitalization insurance. Medical expenses not covered by the primary insurance will be paid under the school's policy (subject to its limitations and conditions). Although we attempt to purchase the most comprehensive policy within our resources, this is not an all-inclusive policy.

How does my child qualify for secondary coverage?

You must complete an annual Health Insurance Form that asks for the personal insurance information under which your child is covered. The Understanding Your Health Insurance Coverage While Away From Home form explains the procedures that we must follow to access your primary insurance. In addition, you must complete the Insurance Card Form in which you must copy, paste, or otherwise attach a copy of the front and back of your insurance card. These three forms must be on file in the athletic training facility prior to an injury.

How does the insurance coverage work?

The secondary insurance policy requires that the injured student-athlete first make a claim under the primary insurance. We send your primary insurance information when the student-athlete is referred for care. The provider should file a claim with your insurance company for the services rendered. Your company will evaluate the claim and either pay you or the provider directly or deny the claim. If the provider does not file with the primary insurance, the provider may send you a bill for you to file with your insurance company.

If after 60 days of the date of injury, you have not received anything from your insurance company:

1. Call your insurance company to check the status of the claim, and/or
2. Submit the bill from the provider to your insurance company.

We will also send the providers our secondary insurance information and notify our insurance company that a claim may be forthcoming. The provider should file a claim against our secondary insurance company after your primary insurance has been exhausted.

- You should contact the providers directly to make sure they have filed with primary and secondary insurance companies. You may need to file these claims yourself.
- All claims must be resolved with the secondary insurance company within 104 weeks of the date of injury.

When is an athlete referred to a physician?

Whenever the team physician or the athletic trainers are of the opinion that a consultation would facilitate/improve the care of an injury, arrangements for such a visit will be made. Coaches do not have the authority to refer an athlete to any physician except for emergency medical care when the Sports Medicine staff is not available.

What if I belong to an HMO?

If you belong to a Health Maintenance Organization (HMO), you are limited to the HMO's physician and facilities. You are requested to send us specific instructions, requirements, and/or limitations which may be included with the policy. This information is necessary for the claims process to be filed correctly. Failure to follow the proper HMO procedures will void your eligibility for coverage under the athletic department's secondary insurance.

Which physicians can an athlete see under the secondary insurance plan?

For an athlete to be covered under the Athletic Department's secondary insurance, they may be seen only by participants in our Sports Medicine network. This network is composed of a wide range of specialists from the local medical community. This group is dedicated to providing the best possible health care to William & Mary athletes. We formed this network to insure accurate and continuous communication between the physicians and the Sports Medicine staff.

Prior written authorization must be granted by a Sports Medicine network physician if an athlete wishes to seek medical attention outside of the network. Authorization is granted only in cases where our consulting physicians cannot provide the required care. If an athlete seeks a second opinion or care from an out-of-network provider, he/she will be medically ineligible to participate in athletics or utilize the services of the William & Mary Sports Medicine Program until medical records are received and reviewed by the Sports Medicine staff. The athlete has the responsibility to see that the physician forwards all requested information. You also assume the financial responsibility for any travel cost and the services of that provider. Our secondary insurance cannot be applied to those services.

Towards which bills can the secondary insurance coverage be applied?

The Athletic Department's secondary insurance can be applied only to those bills for an athletic injury:

1. That is reported to the Sports Medicine staff within 24 hours of occurring,
2. When **prior approval** for a referral was granted through the Sports Medicine staff,
3. When the care has been coordinated through the Sports Medicine staff,
4. For services rendered by participants in the Sports Medicine network and their specific written referral,
5. For care **rendered within 104 weeks** of the date of injury, and
6. Your insurance company has responded to and resolved all claims.

What types of things are not covered under secondary insurance?

- Any injury sustained in an activity that is not associated with a required intercollegiate practice or competition supervised by a coach.
- A chronic or recurrent injury that was sustained prior to participation in athletics at William & Mary.
- Any degenerative condition as diagnosed by a physician.
- Any illness (cold, flu, infection, etc.).
- Unauthorized consultations or treatments.
- Conditions as a result of non-compliance with school's policies, team rules, or the advice of the team physician, attending physicians, the athletic trainers or coach.
- Any injury that is not reported to the athletic trainers within 24 hours of occurrence or onset of symptoms.
- Costs, including travel, associated with second opinions.

What are the parent's and/or athlete's responsibilities?

It must be clearly understood that you and/or your child are financially responsible for all charges for the care of an athletic injury and the resolution of all claims. The Athletic Department at William & Mary assumes no financial liability for expenses generated for medical care of an athlete. We will try to relieve any financial burden that may occur from the care of athletic injuries through the department's secondary insurance policy. However, this is not an all-inclusive policy and benefits will be applied subject to the terms and limitations of this policy.

In addition, the parents and/or athlete have the responsibility to follow the proper procedure to access the secondary insurance policy to seek benefits for charges that arise from an athletic injury. Again, all charges are ultimately the responsibility of the athlete. Therefore, if the threat of collection or garnishment arises from an unpaid bill, the parents and/or athletes are strongly urged to pay all balances to avoid harm to his or her credit rather than wait for the insurance company to decide on benefits.

Will I have to pay for any health care costs that arise due to an athletic injury?

For all athletes--both those who receive athletic grant-in-aid and those who do not--our secondary insurance policy carries a **\$0** deductible per injury that must be met by either a) your primary insurance or b) the athlete or his or her parents. Further, any remaining balances or charges that are not met after all insurance benefits are exhausted are the responsibility of the athlete.

Where can I find more information regarding secondary insurance?

Specific questions should be directed Melanie Eley, Insurance Coordinator for Sports Medicine at (757) 221-4845 or mneley@wm.edu.

What if my primary insurance coverage changes during the year?

It is the athlete's responsibility to notify the Sports Medicine staff promptly of any changes in his or her primary insurance coverage including changes in insurance carrier, address, benefits, primary care physician, etc. In order to maintain coverage under our athletic injury policy, the student athlete must provide the following:

1. Health Insurance Form completed with the new information
2. Understanding Your Health Insurance Coverage While Away From Home completed
3. Insurance Card Form completed with new insurance card attached

What if my child does not have primary insurance?

You should purchase the health insurance policy – United Healthcare Student Resources (UHCSR) – offered through the Student Health Center. Please visit www.wm.edu/health/insurance to submit an enrollment request. **YOU MUST SUBMIT THIS ONLINE.** The opening & closing dates are available on the website at the above link.

Establishing a Primary Care Physician in Williamsburg

In an attempt to provide the best possible health care to our student-athletes, our staff is headed by Dr. Virginia Wells, MD.

If your health insurance requires a referral from a specific physician for care, we would ask that you transfer that designation to a physician here in town, whether it be someone at the William & Mary Student Health Center or one of our local medical clinics. When you call, please identify yourself as a William & Mary student-athlete. To make this change, you will need to contact your insurance company. Your efforts now will help expedite care for your child in the event of an injury.

Please feel free to call upon us if we can be of assistance to you with this process.

Guidelines for the Resolution of Athletic Insurance Claims

If you receive a bill:

1. Check whether your primary policy has been billed FIRST. Please contact your primary insurance company by phone or online to make this determination.
 - a. If your primary policy has been billed, please find the corresponding Explanation of Benefits (EOB) for the date of service. A copy of this form must be sent to our secondary insurance company to complete the billing process.
 - b. If your primary policy has not been billed, please follow the directions in step 2 to have an itemized bill sent to your primary insurance company.
2. Determine if the bill is itemized – the bill should have the service(s) that were rendered and their individual costs. **A balance statement is not sufficient.** Contact the medical provider and have them send an itemized statement to yourself, or directly to the insurance policy.

If you do not receive a bill **within 30 days** of the date of service, or **60 days** from the date of injury:

1. Contact the medical provider to determine whether they have filed with your primary insurance company.

AG Contact Information

Mailing Address: AG Administrators, P. O. Box 21013 Eagan, MN 55121
Fax: 610-933-4122 Phone: 610-933-0800

Please understand:

1. For the resolution of claims, the secondary policy needs an EOB from your primary policy and itemized bill from the medical provider for **each** date of service.
2. The secondary policy can only be applied to those bills,
 - a. where services are tendered of the treatment of an athletic injury, and
 - b. when prior approval of that referral was granted through the athletic training staff, and
 - c. when the care has been coordinate through the athletic training staff, and
 - d. when your insurance company has responded to all claims
3. The claim for this injury expires 104 weeks from the date of injury. The secondary insurance company may deny claims for bills after that date.

We are willing to advise you through the process, but **the responsibility for the payment of all bills and the resolution of all claims rests with you.** Should you have any questions about the claims process, please feel free to contact the Athletic Insurance Coordinator at (757) 221-4845. Should you have any questions concerning any bills from medical providers, please contact them first before contacting the Athletic Insurance Coordinator. Thank you for your cooperation in this matter.

Please keep this sheet for your records throughout the claims process.

Notice of Privacy Practices

The Division of Sports Medicine developed this document to keep you informed as to how the Sports Medicine staff may use and disclose your protected health information to carry out treatment, payment, or health care operations. It describes your rights to access and control your protected health information and governs the mechanism in which you can give your consent to the Division of Sports Medicine to release your protected health information to other entities.

Please visit <http://www.wm.edu/offices/sportsmedicine/documents/privacy-practices.pdf> to view or to download the entire Notice of Privacy Practices.



**William & Mary
Division of Sports Medicine
Health Insurance Form for 2023-2024 School Year**

Athlete's Name: _____ Gender: _____ Pronoun: _____ DOB: _____

_____ City _____ State _____ ZIP
Permanent Home Address

_____ City _____ State _____ ZIP
Mailing Address if different from Permanent Address

_____ Sport: _____
Home Phone Number Athlete Cell Phone Number Athlete Email

SSN: _____ WM Student ID #: _____

REQUIRED

REQUIRED

Policy Holder's Information	Secondary (if applicable)
Name _____	Name _____
Home Address: _____ _____	Home Address: _____ _____
Home Phone () _____	Home Phone () _____
Work Phone () _____	Work Phone () _____
Insurance Co. _____	Insurance Co. _____
Policy Holder's ID #: _____	Policy Holder's ID #: _____
Policy Group #: _____	Policy Group #: _____
Claims Phone #: _____	Claims Phone #: _____
Mailing Address for Claims _____ _____	Mailing Address for Claims _____ _____
Policy holder's relationship to athlete: _____	Policy holder's relationship to athlete: _____
Is your dependent son/daughter covered under this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Policy Holder's DOB: _____	Is your dependent son/daughter covered under this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Policy Holder's DOB: _____
What type of insurance do you have? <input type="checkbox"/> Traditional <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> Other	What type of insurance do you have? <input type="checkbox"/> Traditional <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> Other
Does your insurance cover prescriptions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your insurance cover prescriptions? <input type="checkbox"/> Yes <input type="checkbox"/> No

	Emergency Contact (Parent) Information	Secondary Emergency Contact Person
Name(s)		
Address		
City ST Zip		
Email(s)		
Work/Cell #s		

I hereby certify that I have read and understand the attached Insurance Frequently Asked Questions (FAQ).

Signature of Policy Holder or Designee _____ **Date** _____

PLEASE FILL OUT COMPLETELY, LEAVE NO AREAS BLANK

_____ (NAME)

Understanding Your Health Insurance Coverage While Away From Home

It has been our experience that it would be beneficial for you to contact your insurance company **NOW**, long before your child enters school, to ensure your child has adequate, hassle-free coverage while he/she is away at school. We have developed the following questions to help you understand the scope of your insurance coverage to determine if it will meet the needs of your child. The coverage that you have experienced at home may not be the coverage your son/daughter receives while away at college. In case of injury or illness while away from home, you would hope that your son or daughter should be able to access the same level of health care in Williamsburg without difficulty. If your insurance does not allow out-of-network coverage, your son/daughter may have to go home for care or be exposed to higher co-pays and higher out-of-pocket expenses. Such restrictions also inevitably slow the access to comprehensive care that will return your child to health and to competition. You may ultimately find it advantageous or necessary for you to change your insurance plan or even insurance company to maintain the coverage at school that you have experienced at home. **Failure to provide current and complete information and/or notify us of any changes could compromise and complicate access to the athletic department's secondary insurance policy making you solely responsible for all medical bills.**

1. Does your son/daughter have coverage and/or out-of-network benefits in Williamsburg, VA for services other than emergency care (i.e. diagnostic testing such as MRI or x-ray, chiropractic care, physical therapy, etc.)?
YES NO

If no, consider switching insurance. We suggest you speak with the William & Mary Sports Medicine staff at (757) 221-3407 to discuss your coverage needs.

2. Does your son/daughter need a referral from their PCP to access other providers (imaging, specialists, etc.)?
YES NO

If YES:

PCP Name: _____ Phone Number: _____

If so, we ask that you make either Dr. Virginia Wells, Dr. Alexander Vap, Dr. Thomas Loughran, or another physician in Williamsburg as their PCP instead. When you call please identify yourself as a W&M student-athlete. Please contact us at (757) 221-4845 if we can be of assistance in selecting a PCP in the local area.

3. Please circle all eligible providers within your benefits. You may check these providers by calling your insurance company or logging into your insurance company's website. Please search the providers and locations listed below.

Alexander Vap, MD

Robert O'Connell, MD

VCU Health @ W&M

VCU Medical Center

VCU Health Neuroscience, Orthopaedic,
and Wellness Center

Scott W. Sautter, Ph.D

Peninsula Radiological
Associates

Riverside Hospital

Sentara Regional Hospital

Sentara Diagnostic Center

Tidewater Diagnostics
Imaging

Pivot Physical Therapy

Williamsburg Emergency Physicians
Medical Group

PLEASE COPY YOUR INSURANCE CARD (FRONT & BACK) BELOW

READ CAREFULLY

- I authorize payment of medical benefits to all providers for all services and materials they provide during the care of an injury/illness.
- I agree to supply any and all information requested by my primary insurance, William & Mary, and their excess insurance company in a timely manner in order to expedite the claims process.
- I hereby authorize William & Mary and their excess insurance company to secure and inspect copies of case history records, lab reports, diagnoses, x-rays, and any other data pertaining to the injury/illness I am receiving care for or previous confinements or disabilities relevant to the care of the injury/illness.
- I authorize the Sports Medicine staff at William & Mary and/or my coach to hospitalize and secure treatment for me for any athletic injury/illness. If the athlete is under 18 years of age, the undersigned parent grants permission to the Sports Medicine staff at the university and/or their coach to hospitalize and secure treatment for their son/daughter for any athletic injury/illness.
- I authorize The Division of Sports Medicine at William & Mary to release medical records to other healthcare providers in order to facilitate timely & appropriate treatment or care.
- A photostatic copy of this authorization shall be deemed as effective and valid as the original.
- I will notify the Sports Medicine staff at William & Mary immediately upon any change in the above health insurance information.

SIGNATURE: _____

Date: _____

(If under 18, parents must sign, otherwise must be signed by parent or student-athlete)

****PLEASE COMPLETE ONLINE WAIVER FORM IF APPLICABLE****

If you have existing health coverage and DO NOT wish to purchase the student health insurance coverage offered through the Student Health Center at William & Mary, you need to visit www.wm.edu/health/insurance to submit a waiver request. **If you do not submit this waiver request online by the date on the website you will be charged for the student insurance!** Denying the student health insurance DOES NOT affect the ability to be seen at the Student Health Center or the Athletic Department's secondary insurance coverage.

Scanned copy of Insurance Card below:

Front	Back
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PLEASE COPY YOUR COVID-19 VACCINATION CARD BELOW

William & Mary Athletics does not require COVID-19 vaccination to participate; however, we strongly recommend it in our student-athletes. Non-vaccinated student-athletes will still be required to test periodically based upon department, university, NCAA and/or CDC testing policies. Fully vaccinated student-athletes will also not be required to quarantine if deemed a close contact to a positive case. If you have received all your doses of the vaccine, please copy your provided card below.

Copy vaccination card here

William & Mary Division of Sports Medicine
Attention Deficit Hyperactivity Disorder (ADHD) Medication Exemption Information Form

Primary Care Physician/Health Care Provider:

The student-athlete presenting this form to you plans to or already participates in intercollegiate athletics at William & Mary. Our institution is governed by the rules and regulations of the NCAA (www.ncaa.org), thus requiring the collection of medical records for those student-athletes diagnosed/treated for ADHD/ADD utilizing specific medication which may be **banned by the NCAA**. In order to show compliance with this legislation, we are asking our student-athletes to take this letter to their primary care physician/health care provider to fill out and to provide the following information **in order to continue/begin their NCAA participation** while also continuing to take their ADHD/ADD medication.

Please return this form & supporting documentation to the student-athlete or to the following address or fax number:

William & Mary
c/o Division of Sports Medicine
PO Box 399
Williamsburg, VA 23187-0399
Phone (757) 221-3407 // Fax (757) 221-4361

I authorize the release of this information and the results of this examination to the William & Mary Division of Sports Medicine staff.

Student Signature: _____

Date ____ / ____ / ____

Student-Athlete's Name: _____ Date of Birth: _____

Date of initial evaluation: _____ Date of most recent follow-up: _____

Physician's Diagnosis: _____

Medication Prescribed/Follow-up Orders: _____

(Examples of the NCAA Banned-Drug Class: Stimulants include amphetamine, atomoxetine, dexamethylphenidate, dextroamphetamine, methamphetamine, and methylphenidate. For more information please visit www.ncaa.org/health-safetly.)

- ✓ Please attach a brief summary of the **comprehensive clinical evaluations** used to diagnose this student-athlete with ADHD/ADD (reference DSM-IV criteria) and any **supporting documentation**.
- ✓ Please **attach** any ADHD Rating Scale (ex: Connors, ASRS, CAARS) scores and report summaries.
- ✓ Please include **medication documentation**, along with a **copy of the script** for the current medication. The student-athlete does not have to be put on a trial of non-stimulant medication **but** documentation must note that a non-stimulant alternative was considered and why the stimulant medication was chosen instead.
- ✓ If available, please **provide copies of the following**:
 - Any psychological testing results
 - Laboratory/testing results helping to diagnose ADHD/ADD

Name of Physician: _____

Address: _____

Specialty: _____

Signature: _____

Date: _____

STAMP



**William & Mary
Division of Sports Medicine
Returning Student Athlete 2023-2024**

Please make sure that you have completed the following items:

- Health Insurance Form
- Waived the School's Insurance *online* (if applicable)
- ADHD Medication Exemption Information Form (if applicable)
- Reviewed the Privacy Practices *online*

Submitting your forms

Please mail the completed forms to the appropriate addresses shown below by **July 1st**. If you mail forms to the incorrect location, it will delay the processing of your paperwork.

Please keep pages 3-8 for your records.

Please mail the **Health Insurance Form** and **ADHD Medication Exemption Information Form** (if applicable) to:

William & Mary
Division of Sports Medicine
PO Box 399
Williamsburg, VA 23187-0399