

Insurance Information & Procedures
Daytona State College Sports Medicine Department

Most athletic injuries can be evaluated and treated in the athletic training room by the certified athletic trainers (ATC's). In addition, the Halifax Medical Center Family Practice Residency Program, under the direction of Dr. John Shelton provides Daytona State College with a team physician who makes weekly rounds to the training room. These services are provided at no cost to the athlete.

In the event that the athlete should require a visit to a health care professional off campus, his/her primary health insurance company will be billed. It is highly advisable for your son/daughter to be knowledgeable about any payment or physician requirements mandated by your insurance company. If the injury is sport-related (incurred while the athlete was taking part in a Daytona State College practice or event), Daytona State's excess insurance policy will cover the amount that is not covered by the athlete's primary policy. **If the athlete receives care off campus for an injury or illness that is not sport-related, the athlete will be billed for any amount not covered by his/her primary insurance policy, as it will not be covered by Daytona State College's policy.**

Note: Please call your insurance company (1) to let them know that your son/daughter will be attending college away from home; (2) to find out if your son/daughter must see his/her primary care physician (PCP) before receiving care; and (3) to ask them about the feasibility of changing to a PCP in the Daytona area. Having a PCP in the area greatly reduces the money, time, and effort spent by the athlete trying to access health care. Our team physician, John Shelton, M.D. would be the most convenient for the athlete, as his office is within walking distance of the College.

Both you and your son/daughter should thoroughly read the document entitled Procedures Regarding Athletic Injury, Illness, and Medical Care, then sign and return the statement below. Also please carefully complete the enclosed insurance information disclosure form, being sure to include all requested information. **All forms related to insurance must be signed by both the athlete and the parent under whom he/she is insured.** Should you have any further questions, please call Kim Csabi, Sports Medicine Program Director, at (386) 506-3989.

SIGN AND RETURN:

I have thoroughly read the *Procedures Regarding Athletic Injuries, Illness and Medical Care*. I understand that failure to comply with these procedures may result in me or my son/daughter being ineligible to participate in intercollegiate athletics at Daytona State College.

_____ Athlete printed name	_____ Athlete signature	_____ Date
_____ Parent signature	_____ Date	