



## **Allegany College of Maryland Insurance and Treatment Consent Acknowledgement**

### Primary Health Insurance

Every student athlete at Allegany College of Maryland is strongly encouraged to carry primary medical insurance while participating in intercollegiate athletics. Allegany College of Maryland, the NJCAA, Region XX, and the Maryland JUCO Conference do not provide nor require medical insurance for students engaged in any Allegany College of Maryland co-curricular activities, including intercollegiate athletics, and are not responsible in any way for insurance coverage or medical costs incurred for any injury resulting from my participation in intercollegiate athletics at Allegany College of Maryland. Due to the inherent nature of physical injury, including permanent disability and death within intercollegiate athletics, it is in the best personal, physical, financial, and emotional interest of each athlete to carry and fund their own personal insurance.

### Secondary Health Insurance

1. Allegany College of Maryland currently offers secondary health insurance coverage for all student-athletes. Rostered ACM student-athletes are automatically enrolled with no charge to the student-athlete. The secondary insurance is designed to offset some of the cost that your primary insurance does not cover. This excess policy only covers athletes for athletic injuries that occur during their competitive season during ACM sanctioned practices/competitions. As this is meant to serve only as an excess policy, do not assume that all medical bills will be covered under this secondary insurance. The balance of all medical bills will be the responsibility of the student-athlete/parent.
2. *In the event of injury*, ACM athletes must inform the Athletic Trainer in a timely manner. For those athletes requiring medical referral outside of ACM medical care or requiring emergency medical treatment, the Athletic Trainer must be notified in order to begin the claims process with ACM's secondary insurance. This will require 3 things from the athlete:
  - I. An initial claim form request- To be filled out by the Athletic Trainer
  - II. Primary Insurance Explanation of Benefits
  - III. All Itemized bills/provider invoices that apply to the injury. This will be a CMS-1500 (HICF) or UB04 form from the Primary Insurance Provider. Account statements or "balance due" statements are helpful, but do not contain all the information needed to process the charges.
3. The ACM athletic department provides assistance for preparing and filing claims, but ACM personnel are not insurance agents, experts, or parents. Also, any athlete seeking a second opinion outside of the recommendations provided by ACM Sports Medicine Staff or pre-existing injuries will not be covered by the secondary insurance plan and therefore all medical costs incurred will be the full responsibility of the student-athlete.

### Pre-Participation Physical

As a rostered student-athlete at Allegany College of Maryland it is required that you have a Pre-Participation Physical Examination performed by your Primary Care Physician prior to participation in athletics to be medically

eligible. Each athlete will also be required to complete the Pre-Participation COVID-19 Screening Form as well as Concussion History Form. Any athlete that has previously tested positive for COVID-19 is advised to also have an EKG, at a minimum, as part of their clearance for athletic participation. This is in accordance with recommendations that cite an increased incidence of cardiac issues following COVID-19 diagnosis for weeks or even months, post-infection. Any athlete that was previously hospitalized due to COVID-19 will require a clearance letter from the attending physician prior to participation as well as a cardiology assessment including an EKG.

Consent to Treat

1. Permission is hereby granted to the Allegany College of Maryland Athletic Trainer and ACM athletics staff to proceed with any medical or first aid treatment including hospitalization for any athletic injuries for the below named participant. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made to contact me in the most expeditious manner possible. In the event that I cannot be reached, the treatment necessary for the best interest of the above-named participant may be given. If the athlete is a minor, the undersigned parent grants permission to the sports medicine staff to hospitalize and secure treatment for my son/daughter.
2. I understand and accept the risks of injury, permanent disability, and death that are inherent in the sport(s). By signing below, I pledge to do the best to reduce these risks by keeping in the best possible condition and following the advice of the team physician, attending physician, certified athletic trainer, strength and conditioning coach, and coaching staff concerning the prevention, treatment, and rehabilitation of athletic injuries.

**I, the undersigned, have read and understood the preceding medical policy statement and agree to follow its procedures and hereby give consent.**

Student-Athlete Name(Print): \_\_\_\_\_  
Signature of Student-Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*If student athlete is under the age of 18, a parent/guardian of this student must sign this Insurance and Treatment Consent.\*\***

Parent/Guardian Name (Print): \_\_\_\_\_  
Signature of Parent/Guardian (if athlete under age 18): \_\_\_\_\_ Date: \_\_\_\_\_