Completed form must be emailed, faxed, or returned to Lisa Bolinder, lbolinde@oakton.edu, Oakton Community College, Room 1156 (regardless of whether a student athlete has personal health insurance).

Student athletes are required to have a physical examination prior to participation in any practice or intercollegiate sport at Oakton Community College. The college provides certified sports medicine professionals, including a team physician, athletic trainer, and registered nurse. The team physician, Kara Vormittag, M.D., Luthern General Sports Medicine, Advocate Medical Group, oversees athletic physicals. She is available for appointments and consultations one day a week at the Des Plaines campus. Care and treatment of an athletic injury by the team physician is not required. However, if a student athlete sees a personal doctor for an athletic injury, the personal doctor must submit “Release to Participate” documentation to the team physician prior to the student's return to competition. The final decision on physical qualifications or reason for rejection is the responsibility of Oakton's team physician, who also makes the decision as to when an athlete may return to competition following an injury.

All medical claims must first be submitted to the student's (or parents') primary insurance provider, and primary insurance policy guidelines must be followed. Oakton Community College provides secondary coverage for accidents sustained during team play or official team practice of intercollegiate sports, including sponsored and authorized team travel. In the absence of any other insurance carried for or by the athlete, Oakton's policy covers the cost of injury treatment. The college's policy does not cover expenses related to illnesses or conditions that are not sustained as the direct result of an accident in the intercollegiate sports program. This includes pre-existing conditions and non-athletic injuries.

In order to maximize the benefits under Oakton's secondary insurance plan, please read and understand the terms and conditions of your personal health insurance plan. Frequently, family plans contain special conditions that must be met before the carrier will consider payment of a claim. This is especially important if your plan requires a written referral from a primary care physician before seeking treatment from another physician. If a claim is denied by your personal health insurance carrier because the student athlete failed to adhere to the terms of your plan (or if the student athlete is living outside your network), Oakton's athletic insurance will not cover the claim, and payment of those medical bills becomes your responsibility. You may want to determine if your primary health insurance plan will allow the student athlete to see the team physician while enrolled at Oakton. We suggest that student athletes speak with the Oakton athletic trainer before seeking medical attention for a sports injury.

All medical bills incurred as the result of an accident in Oakton's intercollegiate sports program will be sent directly to the student athlete's home address, unless the college has otherwise instructed the medical vendors. In some cases Athletics may receive a copy of the bill, but in no case will the Office of Athletics be the primary place for the bill to be sent.

Claim Procedure:
1. First submit the medical bills to your personal health insurer. It will either honor the claim and pay all or a portion of the bills incurred, or reject the claim and send a letter of denial.

2. If a balance remains after your personal health insurer has contributed toward the claim, the following documentation should be submitted to Oakton's athletic trainer (Room 1156, Des Plaines campus):
   • An explanation of benefits from your personal health insurer.
   • A copy of the itemized medical bills related to the claim.

I have read the memo on Oakton's athletic insurance policies and understand and agree to the statements above.

Student Athlete Name ____________________________________________  Sport(s) ____________________________________________

please print

Parent or Primary Insurance Holder Name ___________________________________________________________

please print

Parent or Primary Insurance Holder Signature __________________________ Date ____________________

Student Athlete Signature __________________________________________ Date ____________________