

Student / Athlete Instructions to Submit an Accident Claim and HIPAA Form -- Excess Accident Insurance

Student should contact an authorized Napa Valley College official immediately after an accident for all forms and specific instructions. The official will assist an eligible FTE student with obtaining and completing the required Accident Claim and HIPAA forms for consideration

DO NOT DELAY SUBMITTING A CLAIM FORM

Accident Claim Form:

- Accident Claim Form must be fully completed and submitted online to the claims office as soon as possible.
- Accident Claim Form must include written proof of loss and itemized medical bills. This information must be submitted within thirty (30) days after the accident or Insured Person's Covered Loss (as defined in the Policy), or as soon thereafter as reasonably possible, not to exceed one year from the date of accident/service' after 30 days for carrier consideration. All claims are subject to the complete terms and conditions of the Policy currently in effect.
- If the student/athlete has other insurance coverage, it must be listed on the Accident Claim Form to avoid delays or denial of claim. The student/athlete must include the other insurance carrier's name, policy number, and primary subscriber information.
 - If the student/athlete has a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO) as their 'primary insurance,' only medical attention provided by their primary care doctor and network providers will be considered for reimbursement. *The College Policy will not cover any claim where the student went out-of-network.*
 - If the student/athlete has coverage via Medi-Cal, Medicare, Military benefits, or any other coverage, again, the student/athlete must include the carrier name and policy number on the Accident Claim Form for consideration.

HIPAA Authorization Form:

A HIPAA Authorization Form should be fully completed, listing the recognized parties authorized to transact on behalf of the student/athlete, and submitted with the Accident Claim Form. Without the completed HIPAA Authorization Form, coordination of all oral, written or electronic communication between the recognized parties will become the sole responsibility of the student/athlete.

Additional Information:

- First medical treatment must be rendered within ninety days (90) from the date of accident.
- Regardless whether the accident carrier subsequently denies or accepts the claim and provides a determination of coverage, the student/athlete (or their guardian if applicable) is responsible for all medical bills the student/athlete may incur.
- The student/athlete must retain a copy of their medical bills, Explanation of Benefits ("EOB"), or other billing documentation from their medical providers or insurance carrier(s). The student/athlete will be required to initially submit this information to the claims administrator with the Accident Claim Form via the authorized Napa Valley College official, and for ongoing medical expenses, directly to the claims administrator once the Accident Claim Form has been submitted and a representative assigned.
 - **Under NO circumstances, will any party, including but not limited to the athletic trainer, college, insurance broker, claims administrator or insurance company, contact any medical providers or insurance carriers, track any bills, make any payments, or schedule any appointments.**
- If the student/athlete has any other insurance, the student/athlete must promptly file a claim with that insurance carrier first. That insurance carrier must pay all appropriate benefits provided under that policy before the College Accident Policy will consider benefits for an eligible claim. **The College Accident Policy is secondary to all other insurance coverage the student/athlete may have.**
- The student/athlete must send the claims administrator a copy of any EOB from their other insurance carrier(s) along with all itemized bills. Statements and balance due bills **will not** be considered sufficient written proof of loss under the College Accident Policy.
- Certain medical expenses, such as certain Durable Medical Equipment, are not covered under the College Accident Policy. It is the **student/athlete's responsibility** to verify with the College Accident Policy's claims administrator, any and all applicable benefits prior to incurring certain medical expenses such as renting or purchasing DME equipment. **There will be no reimbursement of expenses incurred that are not covered under the College Accident Policy. NO EXCEPTIONS!**

Please keep copies of these accident claim filing instructions and the completed HIPAA Authorization Form for your records. The original HIPAA Authorization Form must remain on file with the appropriate College Official as shown below.

Intercollegiate Athletic Injury Contact:

Athletic Training Room: (p) 707-256-7669 (direct)
Brandon Lucas - Athletic Trainer

Students On-Campus Claims Contact:

Office of Facilities and Risk Management
Samantha Maddox (p) 707-256-7584 (direct)

Claims Submittal & Questions Contact for Students/Athletes:

Mail/Fax/Email Claims to: NAHGA Claims Services
P.O. Box 189 Bridgton, Maine (p) 800-952-4320 (f) 207-647-4569
Kim Olden, Blue Team Supervisor kimo@nahgaclaims.com

Brokerage, Benefits & Risk Mgmt - College Contact:

Cypress Risk Management
Monique Palmieri-Wilson
monique@cypressriskmanagement.com



Student/Athlete Accident Insurance Claim HIPAA Authorization Form for Release of Medical Information

Per the Health Insurance Portability and Accountability Act (HIPAA), I understand that my signature at the bottom of this form will authorize communication as necessary between recognized parties regarding my health/medical status as it pertains to claims administration, billing, payments, claims status and related issues with regard to any accident-related issues I may incur as a result of my participation in _____ at Napa Valley College.

My signature below further acknowledges my understanding and agreement that applicable communication between recognized parties may be conducted orally, in writing, or via electronic format, and that ALL listed parties are authorized to communicate and/or view my accident-related health/medical status information UNLESS SPECIFICALLY EXCLUDED BELOW.

My initials below confirm my authorization for each individually listed party to be able to communicate and/or view my accident-related health/medical status information if/as needed.

(Please initial all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Napa Valley College Insurance Coordinator
<input type="checkbox"/> Insurance Carrier/Third Party Administrator
<input type="checkbox"/> Team Physicians
<input type="checkbox"/> Certified Athletic Trainers
<input type="checkbox"/> Coaching Staff/Athletic Administration
<input type="checkbox"/> Supporting Medical Professionals
<input type="checkbox"/> Human Resources Staff | <input type="checkbox"/> Risk Management Staff
<input type="checkbox"/> Business Services Staff
<input type="checkbox"/> Insurance Brokerage Staff
<input type="checkbox"/> Parents (if applicable)
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ |
|--|---|

I have read and understand the means of communication and documentation that may take place regarding my health and accident history and any injury information that may develop because of my involvement in athletics or other on-campus participation.

(Please carefully read the below statements and initial ONLY ONE of the following options.)

_____ I hereby authorize the release of medical information related to my athletic or on-campus injuries as designated above. I understand that this authorization will terminate either:

- one year from the signature date below: (mm/dd/yyyy): _____ / _____ / _____ or,
- at any time prior to the one-year expiration when revoked by me, in writing, and submitted to the appropriate College Official. I understand that the revocation does not apply to any information released before receipt of my revocation.

_____ I do not authorize the release of medical information related to my athletic or on-campus injuries and understand that it will be my responsibility to handle all aspects of communication and payment information for any related injuries.



It is your right to receive a copy of this authorization for your records.

Student/Athlete Name (please print)

School Identification Number

Individual Signature

Date of Birth

Signature Date

Legal Representative Name (please print)

Legal Relationship to Student/Athlete

Legal Representative Signature

Signature Date

Parent/Guardian Name (if individual is a minor) (please print)

Parent/Guardian Signature

Signature Date

