



LYON COLLEGE ATHLETIC DEPARTMENT INSURANCE INFORMATION

Primary Insurance Requirements

Participation in intercollegiate athletics involves the inherent risk of injury. For this reason, it is strongly recommended that all student-athletes maintain a personal health insurance policy throughout the school year in case of an athletic-related accident.

- All injuries that require a medical procedure (surgery, imaging, etc.) must be pre-certified through the student-athlete's primary insurance. If denied, Lyon College's secondary insurance **will not** cover the medical expenses. Student-athlete can choose to still have the procedure performed, but he/she will be responsible to pay out of pocket. In addition, if it is determined that a student-athlete incurred out-of-network expenses not covered by his/her primary insurance due to lack of coverage in the area, benefits from the secondary insurance policy **may not** be available.

In the event that your son/daughter is injured while participating in a covered sport, it is important for us to know about any medical coverage you may have to avoid delays in the processing of a claim. Therefore, please complete the "Other Insurance Questionnaire" & "Acknowledgment Statement for Primary & Secondary Insurance Coverage" attached to this information. Please note, it is vital that all requested information be completed in its entirety. Both parents should sign and date the form at the bottom and return it to the Athletic Department through the mail, fax (870-307-7524), in person, or scanning it and emailing it to the Athletic Training Staff (athletic.trainer@lyon.edu) as soon as possible. **This signed document, physical form, sickle cell results, and Sway test must be on file in the athletic trainer's office in order for your son/daughter to practice or play. PLEASE ATTACH A COPY OF THE FRONT AND BACK OF THE PRIMARY INSURANCE CARD WITH THE INSURANCE QUESTIONNAIRE.**

Your son/daughter must receive a physical from a physician before reporting to practice. Please take the Lyon College physical form that is available on-line (www.lyonscots.com).

Secondary Insurance Information

Intercollegiate Athletics insurance covers athletic-related injuries incurred during practices and/or competition in an intercollegiate sport under the direct supervision of an athletics staff member. Athletics insurance does not cover treatment of pre-existing injuries (incurred before becoming a Lyon College athlete). The student-athlete must pay for medication prescribed for non-athletic-related illnesses/injuries.

The Athletic Department is responsible for maintaining records of student insurance and processing claims filed through the College's insurance provider. Student-athletes are responsible for processing claims through their insurance provider.

Important Information Regarding Coverage:

- Initial medical treatment must take place within **90 days** from the date of accident.
- Written notice of a claim must be given within **180 days** after a covered loss.
- All eligible expenses must be submitted within **one year** from the date of service.
- The policy provisions are those required by the NCAA and 100% coverage is not guaranteed. You may have out-of-pocket expenses.

In addition, the College's secondary insurance policy will not provide coverage for the following:

- 1. Costs incurred from the care of injuries and illnesses that are not linked directly to a specific athletic accident or event.**
- 2. Costs associated with injuries and illnesses incurred while participating in activities not directly associated with the student-athletes intercollegiate program.**
- 3. Costs incurred due to the treatment of pre-existing conditions.**
- 4. Costs incurred due to additional testing required as the results of issues or concerns raised during the pre-participation examinations.**
- 5. Costs incurred from the emergency care of medical conditions that are not directly attributable to the participation in intercollegiate athletics (ie. appendectomy).**
- 6. Costs incurred due to dental care not relating directly to an athletic incident.**
- 7. Costs incurred due to injuries associated with fighting (regardless of the setting).**

Guidelines for Reporting an Injury/Submitting a Claim

To ensure secondary coverage, the athlete must report all injuries and illnesses to the athletic training staff in a timely manner for appropriate evaluation and referral. All services must be coordinated and approved by the college's athletic training staff. Any costs related to medical services without notification and approval from the athletic training department **will be the sole responsibility of the student-athlete**. This does not include emergency care. In the event of an emergency visit, the student-athlete should seek assistance from the athletic training staff immediately after returning to campus.

Lyon College's insurance coverage will not pay on the claim until they receive the billing statements from the medical providers and Explanation of Benefits (EOB's) from your primary insurance company. The student-athlete must have all medical expenses filed with his/her primary insurance carrier first. Once the claim has been paid by the primary insurance carrier, the student-athlete must then submit the **Explanation of Benefits** from his/her insurance company to the college, along with a copy of the **itemized bill** for services rendered. Copies of these items will be sent to Lyon College's secondary insurance company and final payments will be made upon approval. It is the student-athlete's responsibility to ensure that the Athletic Department Coordinator has received all bills and EOB's related to the injury.

***Failure to provide the Athletics Department with the required paperwork will negate the college's responsibility toward the incurred medical bills.**

At any time during this process, additional information may also be requested from the secondary insurance company regarding the primary insurance policy and parent employment. It will be the responsibility of the student-athlete to ensure all requested documents are submitted to the secondary insurance carrier in a timely manner. Any delinquent bills resulting in bad credit due to non-compliance with insurance company requests may be the responsibility of the student-athlete and/or his/her parent(s)/guardian(s).

NOTE

THE COLLEGE CANNOT FILE A CLAIM WITH YOUR PRIMARY INSURANCE CARRIER. THIS MUST BE HANDLED BY A PARENT/GUARDIAN. FURTHERMORE, THE COLLEGE'S INSURANCE CANNOT PAY UNTIL THE PRIMARY PLAN PAYS ON THE CLAIM.

If you have any questions or concerns, please feel free to contact our office at 870-307-7525.

LYON COLLEGE ATHLETIC DEPARTMENT
ACKNOWLEDGEMENT STATEMENT FOR PRIMARY
AND SECONDARY INSURANCE COVERAGE

I attest that _____ (Print Name of Student-Athlete) has or does not have insurance coverage under a current insurance policy for injuries that occur during participation in intercollegiate athletics.

Please read and initial the following statements:

_____ I have been provided a copy of the Lyon College Athletic Department Insurance Information handout and guidelines for submitting a claim.

_____ I agree to notify the Lyon College Athletic Training Staff if there is a change in coverage or expiration of this policy within 30 days of the expected change.

_____ I understand the secondary insurance has inclusions, exclusions, and limitations.

_____ I understand all medical referrals for athletic injuries must be scheduled with prior approval from the Athletic Training Staff.

_____ I understand and agree that after the billed services pass through the athlete's primary health insurance and Lyon College's secondary athletic insurance program exhausts the maximum benefits (Maximum Payout per Injury Incident: \$25,000), the remaining balances will be the responsibility of the student-athlete and/or their family.

_____ I understand and agree that if Lyon College's secondary athletic insurance denies the claim for any reason outside the control of the Athletic Training Staff's/Athletic Administration's control (pre-existing condition, services not covered by the insurance policy, etc.), then the bill(s) will pass through the student-athlete's primary health insurance and the remaining balances will be the responsibility of the student-athlete and/or their family.

Check the appropriate statement for your insurance coverage:

- I do not have primary health insurance coverage that includes athletic-related injuries/illnesses.
- I understand the insurance information handout and confirm the provided proof of insurance.

* This must be signed by the student-athlete and the primary insurance policyholder.

Student-Athlete Signature

Primary Insurance Policyholder Signature

Date

OTHER INSURANCE QUESTIONNAIRE FOR YEAR 2026-2027

Student _____

Sport _____

Policyholder

Name: _____

Address: _____

Phone: _____

Date of Birth: _____ / _____ / _____

Do you have medical insurance coverage through your employer?

YES: _____ NO: _____

Name of Insurance: _____

Insurance Address: _____

Insurance Phone: _____

Policy/ID #: _____

Group #: _____

Plan #: _____

Please Circle: PRIMARY SECONDARY

Standard Medical & Hospitalization Coverage

Health Maintenance Organization (HMO)

Preferred Provider Organization (PPO)

Other (Describe) _____

If you have medical coverage and your son/daughter is not covered, or is partially covered, please explain.

If your son/daughter has medical insurance coverage from any other source, please give details.

I AGREE THAT ALL INFORMATION PROVIDED IN THIS DOCUMENT IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE INSURANCE COVERAGE PROVIDED BY LYON COLLEGE IS SECONDARY TO ANY OTHER VALID AND COLLECTIBLE MEDICAL INSURANCE UNDER WHICH THE STUDENT/ATHLETE IS COVERED AND MUST BE PROCESSED FIRST.

POLICYHOLDER SIGNATURE _____

PLEASE ATTACH A COPY OF THE FRONT AND BACK OF THE PRIMARY INSURANCE CARD.