



+SportsPlus
Sports Medicine and Physical Therapy Center



MARSHALLTOWN COMMUNITY COLLEGE SPORTS MEDICINE

MEDICAL CLEARANCE PACKET

CHECK LIST:

- ALL FORMS FULLY COMPLETED
- ATHLETE SIGNED ALL DOCUMENTS
- PHYSICAL COMPLETED WITH DOCTORS SIGNATURE
- PARENT OR GUARDIAN HAS SIGNED PROPER LINE
- COPY OF INSURANCE CARD FRONT AND BACK
- SENT TO SPORTSPPLUS BEFORE AUGUST 1ST

**ALL FORMS MUST BE COMPLETED AND ON FILE WITH MARSHALLTOWN
COMMUNITY COLLEGE SPORTS MEDICINE PRIOR TO PARTICIPATION IN THE
INTERCOLLEGIATE ATHLETICS PROGRAM**

RETURN FORMS BY AUGUST 1ST TO:

**MARSHALLTOWN COMMUNITY COLLEGE SPORTS MEDICINE
C/O SPORTSPPLUS SPORTS MEDICINE & PHYSICAL THERAPY CENTER
32 EAST MAIN STREET PO BOX 474 MARSHALLTOWN, IA 50158
641-753-6636 FAX: 641-753-1005**

ALL STUDENT-ATHLETES PARTICIPATING IN INTERCOLLEGIATE ATHLETICS MUST HAVE THIS FORM ON FILE WITH MARSHALLTOWN COMMUNITY COLLEGE SPORTS MEDICINE / SPORTSPPLUS SPORTS MEDICINE AND PHYSICAL THERAPY CENTER PRIOR TO PARTICIPATION.

Marshalltown Community College Sports Medicine
C/o SportsPlus Sports Medicine & Physical Therapy Center
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TO PARENTS OF MARSHALLTOWN COMMUNITY COLLEGE INTERCOLLEGIATE STUDENT-ATHLETES:

We are extremely pleased to have your son/daughter as a student-athlete Marshalltown Community College and hope that he/she will achieve academic, athletic, and social success.

ATHLETIC INJURIES – MEDICAL BILLS – INSURANCE COVERAGE – CLAIM PROCEDURES

Athletic injuries do occur and we provide our student-athletes with the very best possible care. Medical bills may be incurred when the student-athlete is treated for injuries, whether it is locally, during a road trip, or by a medical vendor in his/her own home area.

ONE FIRM STATEMENT: The NCAA/NAIA/NJCAA discourages any college or university from providing coverage or paying bills incurred for expenses related to illnesses or conditions that are not sustained as a direct result of an athletic injury from participation in intercollegiate athletics. This includes pre-existing conditions and non-athletic injuries.

INSURANCE COVERAGE: The secondary insurance policy at Marshalltown Community College provides coverage for your son/daughter for athletic injuries while participating in the play or official team practice of intercollegiate sports, including authorized and sponsored team travel.

CLAIM PROCEDURE: All medical bills for your son/daughter incurred as a result of participation in the intercollegiate athletics program will be sent directly to your son/daughter or home address. In some cases, Marshalltown Community College may get a copy of the bill, but in no case will Marshalltown Community College be the primary place for the incurred bill to be sent.

- A. SUBMIT THE BILLS INCURRED TO YOUR FAMILY, EMPLOYER GROUP COVERAGE OR PLANS FIRST. THEY WILL DO ONE OF TWO THINGS:**
1. Honor the claim and pay all or a portion of the bills incurred.
 2. Not honor the claim and send you a letter of denial. An example might be that your son/daughter is no longer part of your group policy after attaining the age of 23.
- B. IF THERE REMAINS A BALANCE AFTER YOUR FAMILY, EMPLOYER GROUP INSURANCE OR PLAN HAS CONTRIBUTED TOWARDS THE CLAIM;** send the Explanation of Benefits (EOB) and a copy of the itemized bills incurred to Marshalltown Community College Department of Athletics. If you receive a letter of denial from your family, employer group insurance or plan administrator, send the letter of denial and a copy of the bills incurred to Marshalltown Community College Department of Athletics.
- C.** If the bills incurred and not paid by the primary insurance carrier are large enough, the claim will be sent to Marshalltown Community College's secondary insurance carrier – First Agency, Inc. If First Agency needs any additional information, please cooperate with them and they will process the claim in the least possible amount of time. It is your best interest to have the claim settled promptly since all bills incurred are in your name.
- D.** Marshalltown Community College's insurance policy is a **SECONDARY COVERAE POLICY. IT GOES INTO EFFECT ONLY AFTER THE STUDENT-ATHLETE'S PRIMARY INSURANCE HAS BEEN UTILIZED.**
- E. EXPENSES MUST BE INCURRED WITHIN 52 WEEKS OF THEINITIAL INJURY DATE.**

PLEASE NOTE: If the primary insurance coverage is through a HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization), you must follow the proper procedures required by your individual plan in order for Marshalltown Community College's insurance to satisfactorily complete its portion of the claim. This is especially important if you insurance requires pre-authorization to have your son/daughter treated out of your plan's service area or by a specialist (i.e. orthopedic, cardiologist, etc).

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Secondary Athletic Insurance FAQ's

Marshalltown Community College Sports Medicine is committed to providing quality healthcare to its student-athletes. While most care is obtained on-campus with the Certified Athletic Trainer, certain injuries require further medical evaluation by one of our core of Team Physicians and other health professionals. When off-campus care is needed, costs and responsibilities become a factor.

In order to help the student-athletes and parents better understand their responsibilities, a list of common questions has been outlined below. Please feel free to contact the Marshalltown Community College Department of Athletics or Todd Smith with SportsPlus Sports Medicine & Physical Therapy Center at 641-753-6636.

What is Secondary Athletic Insurance?

Secondary Athletic Insurance is similar to your primary health insurance, a policy to help defray the costs of medical services. Marshalltown Community College has purchased secondary athletic insurance for its student-athletes. This policy provides excess coverage only.

What is secondary or excess insurance?

This insurance is not for personal or individual use. Marshalltown Community College uses this insurance to cover medical expenses incurred by student-athletes beyond their primary health insurance coverage. Medical expenses incurred must be as a direct result of their participation in the intercollegiate athletics program at Marshalltown Community College. Specific conditions and procedures must be followed for this insurance to become active.

What if I do not have primary health insurance for my son or daughter?

Marshalltown Community College does not currently require that student-athletes carry some form of health insurance in order to participate in intercollegiate athletics at Marshalltown Community College.

Is coverage guaranteed?

Coverage of medical expenses directly related to an intercollegiate athletic injury will only be guaranteed once all medical documentation has been properly filed, reviewed, and approved by First Agency.

What is NOT covered by Marshalltown Community College's secondary athletic insurance?

- Illnesses (i.e., flu, mono)
- Pre-existing conditions
- Chronic and/or overuse injuries
- Injuries incurred in activities other than official practices / competitions
- Expenses incurred beyond 12 months from the initial date of injury

How long does coverage last?

The coverage has a one (1) year benefit period. For example, if a student-athlete is injured on September 1st, the coverage will be effective for approved charges until August 31st of the following year. All expenses incurred after this date will become the responsibility of the student-athlete.

Once an injury has occurred, how do I file a claim?

First, make sure that a "Primary Insurance Information Form" is thoroughly completed and on file with Marshalltown Community College Sports Medicine each year. Second, when you receive a bill attach the respective Explanation of Benefits (EOB) statement from you insurance company. Mail the bill and EOB to Marshalltown Community College Sports Medicine and the following address:

Marshalltown Community College Sports Medicine
c/o SportsPlus Sports Medicine & Physical Therapy Center
32 East Main Street
PO Box 474
Marshalltown, IA 50158

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What is an EOB?

EOB stands for Explanation of Benefits. It is a statement that your insurance company uses to explain what charges were covered and/or denied for a particular date of service.

Tips to facilitate care for your son or daughter:

- Thoroughly complete a new Primary Insurance Information Form and file with Marshalltown Community College Sports Medicine each academic year – or as your insurance information changes.
- Contact your primary insurance company prior to your son or daughter-attending college in regards to coverage – some companies require a letter from the Registrar’s Office in order to continue coverage, while others provide no out-of-area or out-of-state coverage.
- Always follow the guidelines of your primary insurance in regards to making appointments, filing claims, etc.
- If your son or daughter does see a doctor or other health professional due to an athletic injury, be sure to send the bill and EOB to Marshalltown Community College Sports Medicine.

Marshalltown Community College carries its Secondary Athletic Insurance Policy through First Agency, Inc.

First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009
(269) 381-6630

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Primary Insurance Information

Name of Athlete _____ Sport _____
 Social Security No or Passport No _____ Date of Birth _____
 Address at College _____ Cell Phone () _____
 Home Address _____ Home Phone () _____
 City _____ State _____ Zip _____

FATHER/GUARDIAN INFORMATION	MOTHER/GUARDIAN INFORMATION
Father's Name _____	Mother's Name _____
Social Security No. _____	Social Security No. _____
Date of Birth _____	Date of Birth _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Employer _____	Employer _____
Address _____	Address _____
Telephone () _____	Telephone () _____
Medical Insurance To Cover Athlete <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Insurance To Cover Athlete <input type="checkbox"/> Yes <input type="checkbox"/> No
Company or Plan _____	Company or Plan _____
Address _____	Address _____
Policy Number _____	Policy Number _____
Telephone () _____	Telephone () _____
Is this plan an HMO or PPO? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this plan an HMO or PPO? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is pre-authorization required to obtain treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is pre-authorization required to obtain treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a second opinion required before surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is a second opinion required before surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No

**If information is not applicable, indicate the reason it is not (e.g., deceased, divorced, unknown).
 Parents must sign form. Please include copy of all insurance cards front and back.**

I hereby authorize Marshalltown Community College Sports Medicine / SportsPlus Sports Medicine & Physical Therapy Center and First Agency, Inc. of Kalamazoo, MI Upon presentation of the original or a photocopy of this signed Authorization, I authorize, without restriction (except psychotherapy notes), any licensed physician, medical professional, hospital or other medical-care institution, insurance support organization, pharmacy, governmental agency, insurance company, group policyholder, employer or benefit plan administrator to provide Marshalltown Community College Sports Medicine / SportsPlus Sports Medicine & Physical Therapy Center and First Agency, Inc. of Kalamazoo, MI or an agent, attorney, consumer reporting agency or independent administrator, acting on its behalf, all information concerning advice, care or treatment provided the patient, employee or deceased named below, including all information relating to, mental illness, use of drugs or use of alcohol. This Authorization also includes information provided to our health division for underwriting or claim servicing and information provided to any affiliated insurance company on previous applications. If this Authorization is for someone other than myself, that individual has given me the authority to act on his/her behalf as explained below.

We authorize that Marshalltown Community College or its insurance agent to pay the medical vendors directly for any bills incurred from accidents that are covered under the coverage purchased by Marshalltown Community College.
 I/We agree that all information provided in this document is accurate and complete to the best of my/our knowledge and that I/we will update any changes immediately. I/We understand that any incorrect or undisclosed information can result in improper management of injuries and medical payments.

Father/Guardian: _____ Date: _____
 Mother/Guardian: _____ Date: _____
 Student-Athlete: _____ Date: _____

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Medical History

Name: _____ Date of Birth: _____ Sport: _____

Please answer the following questions as completely as possible. Use the back of this sheet if more space is required to fully answer the question.

Medications: List all prescription & over-the-counter medications that you are currently taking or have taken in the past and for what purpose.

Medication	Purpose	Dosage	Date(s)

Date of Last:

Hepatitis B Vaccination: _____ Meningitis Vaccination: _____ Tetanus Booster: _____
 Measles Vaccination: _____ Rubella Vaccination: _____ Polio Vaccination: _____

Allergy History

Have you ever been diagnosed with any allergies? Yes No
 Please describe _____
 Are you presently/have you previously taken any allergy medication? Yes No
 Please describe _____
 Are you allergic to any medications? Yes No
 Please describe _____
 Are you allergic to any food items? Yes No
 Please describe _____
 Are you allergic to bee stings, insect bites, etc? Yes No
 Please describe _____

Asthma History

Have you ever been diagnosed with asthma or exercise-induced asthma? Yes No
 Please describe _____
 Are you presently or have you previously used an inhaler? Yes No
 Please describe _____
 How many acute asthma attacks have you had in the past 12 months? _____
 Please describe _____

Cardiovascular Risk Factors

Have you ever had chronic chest pain and/or shortness of breath during or after exercise / practice? Yes No
 Please describe _____
 Have you ever felt dizzy, lightheaded, and/or passed out during or after exercise / practice? Yes No
 Please describe _____
 Have you ever had the feeling of your heart racing or skipping beats during or after exercise / practice? Yes No
 Please describe _____
 Do you tire more quickly than your teammates / friends during exercise / practice? Yes No
 Please describe _____
 Have you ever been told that you have a heart murmur? Yes No
 Please describe _____
 Has any family member or relative died of heart problems and/or sudden death before the age of 35? Yes No
 Please describe _____
 Has a physician ever denied or restricted your sports participation due to any heart problems? Yes No
 Please describe _____
 Have you ever been told that you have high blood pressure? Yes No
 Please describe _____
 Have you ever been told that you have high cholesterol? Yes No
 Please describe _____

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Diabetic History

Have you ever been diagnosed with diabetes? Yes No

Please describe _____

Are you presently taking any type of diabetes medication? Yes No

Please describe _____

If question is answered yes please explain in space provided.

- Yes No Have you ever had any injury or illness other than those already noted?
- Yes No Do you have any ongoing or chronic illnesses?
- Yes No Are you currently under a physician's care for any medical conditions?
- Yes No Do you have any skin problems? (Itching, rashes, acne, herpes, eczema, warts, etc)
- Yes No Do you take any vitamins or supplements?
- Yes No Do you cough, wheeze, or have trouble breathing during or after exercise?
- Yes No Do you have only one of any paired organ? (kidney, ovary, eyes)
- Yes No Have you had a viral infection (mononucleosis, myocarditis) within the last 6 months?
- Yes No Have you ever had seizures or convulsions?
- Yes No Do you have recurrent or frequent headaches?
- Yes No Do you have ringing in your ears or trouble hearing?
- Yes No Do you or anyone in your family have sickle cell trait or disease?
- Yes No Have you ever been "knocked out?"
- Yes No Have you ever suffered a concussion?
- Yes No Do you wear glasses / contacts?
- Yes No Do you smoke cigarettes, use smokeless tobacco, or use tobacco in any form?
- Yes No Do you use alcohol?
- Yes No Have you had a weight change (loss or gain) of greater than 10 pounds in the last year?

Females Only

When was your first menstrual period? _____

Yes No Have you had menstrual periods in the past 12 months? How many? _____

Yes No Do you have painful or heavy menstrual periods?

Yes No Do you take birth control? If yes, what brand? _____

Additional Comments Concerning Your Medical History:

I hereby certify that the medical history information given is an accurate update of my health status. I understand that any incorrect information may disqualify me from participation in intercollegiate athletes at Marshalltown Community College. If my current health status changes, I will immediately update my information with Marshalltown Community College Sports Medicine / SportsPlus Sports Medicine and Physical Therapy Center.

Student-Athlete Signature

Date

Parent/Guardian (if under 18 years of age)

Date

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Student-Athlete Authorization / Consent For Disclosure of Protected Health Information

I hereby authorize the physicians, athletic trainers, sports medicine staff and other health care professionals representing Marshalltown Community College Sports Medicine / SportsPlus Sports Medicine and Physical Therapy Center to release information regarding my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics. This protected health information may be released to other health care providers, parents / guardians, hospitals and/or medical clinics and laboratories, athletic coaches, medical insurance coordinators, insurance carriers and athletic and/or college administrators.

I understand that my authorization / consent for the disclosure of my protected health information are a condition for participation as an intercollegiate athlete for Marshalltown Community College. I understand that my protected health information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that once information is disclosed per my authorization / consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment.

I understand that I may revoke this authorization / consent at any time by notifying in writing Marshalltown Community College Sports Medicine / SportsPlus Sports Medicine and Physical Therapy Center, but if I do, it will not have any effect on actions Marshalltown Community College, Marshalltown Community College Sports Medicine or SportsPlus Sports Medicine and Physical Therapy Center took in reliance on this authorization / consent prior to receiving the revocation.

Print Name

Signature

Date

**Parent / Guardian Signature
(if student-athlete is under 18)**

Date

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Medical Consent / Authorization

Name: _____

I/We, while participating in the intercollegiate athletics program at Marshalltown Community College, grant permission to Marshalltown Community College Sports Medicine / SportsPlus Sports Medicine and Physical Therapy Center, Team Physician(s) and/or other medical professionals recommended by Marshalltown Community College Sports Medicine / SportsPlus Sports Medicine and Physical Therapy Center to render first aid, treatment, rehabilitative and emergency care deemed reasonably necessary to the overall health and well-being of the above named student-athlete.

I/We authorize Marshalltown Community College Sports Medicine / SportsPlus Sports Medicine and Physical Therapy Center to provide other medical facilities with medical and/or insurance information that would expedite my care should I need emergency or other medical services.

Student-Athlete Signature: _____ Date: _____

Parent/Guardian (if student-athlete under 18): _____

** The above signature(s) are considered valid as long as the student-athlete is a participant in the intercollegiate athletics program at Marshalltown Community College.*

Acknowledgement of Risk

The dangers and risks of playing, practicing and participating on any intercollegiate athletic team at Marshalltown Community College include, but are not limited to the following: death, serious neck or spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the skeletal system and serious injury or impairment to the body's general health and well-being.

Student-Athlete Signature: _____ Date: _____

Parent/Guardian (if student-athlete under 18): _____

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