

## NSU Insurance Process Consent Form

I have carefully read the Insurance Process Policy and have had the opportunity to ask questions concerning the same. All my questions have been satisfactorily answered. I acknowledge that I fully understand the contents of this document by initialing in the boxes below:

- Insurance coverage while participating in NSU athletic activity only
- Coverage if referred by team physician or certified athletic trainer only
- Athlete **MUST** go to primary care physician if covered by HMO policy
- PPO reimbursement will be lower if medical care is out of network
- Immediate notification of change in insurance coverage
- Submit EOB and bills to athletics for submission to NSU secondary insurance
- Athlete/family is financially responsible for any unpaid bills if proper procedures are not followed.

\_\_\_\_\_  
Full Name of Custodial Parent/Legal Guardian (Print)

\_\_\_\_\_  
Full Name of Student-Athlete (Print)

\_\_\_\_\_  
Custodial Parent/Legal Guardian Signature

\_\_\_\_\_  
Student-Athlete Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_