



# NORTHWESTERN OKLAHOMA STATE UNIVERSITY

## Athletic Department

### AUTHORIZATION TO OBTAIN INFORMATION

***I authorize*** Lisa Franz, Northwestern Oklahoma State University Athletic Secretary and Athletic Insurance, to obtain information (i.e. Health Insurance Claim Forms, Explanation of Benefits (EOB), billing, and insurance) from medical providers regarding any claims filed on my behalf while participating in athletics at NWOSU.

As an athlete at NWOSU, I understand that I must give proof of primary insurance before I will be allowed to engage in any pre or post season conditioning/training, practice, or participate in any athletic program(s) at NWOSU.

I further understand that the college has a secondary insurance policy which will go into effect once my primary insurance has been filed and an Explanation of Benefits has been assigned. NWOSU's secondary insurance policy exists during the school year only. In addition, during break periods when classes are not in session (i.e. fall break, Christmas break, spring break) NWOSU's secondary insurance is not in effect, unless the athletic related activity has been cleared through the Athletic Trainer. Any conditioning/training, practice, or participation that takes place in the summer, is considered "not covered" by NWOSU's secondary insurance policy, unless the athletic related activity has been pre-authorized by the Director of Athletics. In addition, if I am no longer a member of an athletic program at NWOSU, the college is not responsible for any medical charges incurred after the date of termination from that athletic program.

***I further authorize*** Lisa Franz, Northwestern Oklahoma State University Athletic Secretary and Athletic Insurance, to file medical claims on my behalf with NWOSU's secondary insurance carrier.

I also understand that NWOSU is not responsible for any charges for services rendered which are non-athletic related, such as illness and/or accidents and injuries sustained from activities that are not supervised by the coaching or athletic staff and are not directly related to my sport of participation. NWOSU is not responsible for any charges incurred due to proof of primary insurance being falsified, primary insurance non-compliance, provider non-compliance, or expired primary insurance coverage.

By signing this form, I hereby certify that I understand the terms and conditions of this authorization.

I agree that a copy of this authorization is as valid as the original.

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

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_