

UNOH Injury Reporting Protocol

1. All injuries directly related to participation in a game or practice as part of a University of Northwestern Ohio (UNOH) athletic team **MUST** be reported to the athletic trainer immediately. Failure to immediately communication with the athletic trainer may result in loss of medical benefits under the UNOH athletic insurance plan.
2. If further medical attention is needed, other than what can be provided by the athletic training staff, an athletic claim form must be completed. The athlete will need to meet with the athletic trainer to complete the on-line claim form and submit to Summit America.
3. The athlete will be supplied an ID card to provide to all physicians and hospitals treating the athletic injury only. We recommend you supply this card, along with your primary insurance card if applicable, to each provider of service to ensure that your claims are properly filed with Summit America. If you receive any bills, please verify with the provider that they are filing the claim with Summit America. If they will not file the claim, please request an itemized bill and submit to Summit America.

Summit America Insurance Services, LC
7400 College Boulevard, Suite 100
Overland Park, KS 66210
Phone: 877-246-6997
Fax: 913-327-7520

4. The UNOH athletic insurance plan is an excess policy. This means that your insurance must consider charges first. Please have all providers submit claims fist to your primary insurance and then to Summit America along with your primary insurance companies explanation of benefits. If you are submitting charges directly to Summit America, please include the explanation of benefits from your primary insurance plan.
 5. The athletic training staff will make every effort to stay “in-network” with the athlete’s primary insurance. Unfortunately, this is not always possible, as not all insurance plans work in Lima, Ohio. If an out of network situation occurs, there may be a larger outstanding balance that the athletic accident insurance may not cover and you will be responsible for that portion.
- Some insurance companies will allow you to change the **primary care physician** for your student athlete to a local doctor, making them in network. Please check and see if this is an option for your insurance.

If you have any further questions concerning the insurance policy at UNOH, please contact Erin Gasser at (419)998-8868 or egasser@unoh.edu

CLAIM FILING INSTRUCTIONS

1. The athletic trainer must complete claim form to initiate a claim. Athlete must see the trainer to initiate the process.
2. Attach current itemized physician, hospital, or other providers' bills standard insurance billing form: HCFA 1500 from physician or UB 92 from hospital. These forms must show the following:
 - Patients Name
 - Condition/Diagnosis
 - Type of Treatment
 - Date expense incurred
 - Charges
3. Your coverage is an excess policy unless there is no other insurance in place. Attach the primary carrier's Explanation of Benefits (EOB) showing payment or denial of each bill. "Primary Carrier" would include any and all other coverage that a participant may have.
4. To expedite proper processing, submit claim form completed in full along with the above documents to the following address:

SUMMIT AMERICA INSURANCE SERVICES, L.C.

7400 College Boulevard, Suite 100

Overland Park, KS 66210

Phone: 800-955-1991

Fax: 913-327-7520