



Walla Walla Community College
Athletic Department
500 Tausick Way
Walla Walla, WA 99362-9267
Phone: (509) 527-4306
Fax: (509) 527-4321

Dear Parents:

Hopefully your son or daughter participating in an intercollegiate sport will breeze through practice and games with no physical accident. However, we need to be prepared for payment to providers should there be an injury.

Primary coverage will be your personal family insurance and either you or the providers must submit to your coverage program for payment directly to the providers. You will be held responsible to submit all itemized statements and explanation of benefits to me for secondary coverage, which is automatically provided at no expense to you by the College. We submit to this secondary insurance company for direct payment to the providers. Together we manage to get most accounts paid in full. However, you are held responsible for payment of the deductible dollar amounts.

If you do not carry coverage the college insurance program will serve as your primary coverage. However, you will be held responsible for payment up to the \$500.00 deductible.

I have enclosed a "Parents Insurance Information" form. Please complete, sign, and return it to me, **along with a copy of both the front and back of your son or daughter's insurance card**. This information is available to our athletes upon injury and provided to the doctors and clinics for their use. Usually they are happy to bill your carrier for you.

Because insurance sometimes requires a patient to see a primary care provider or requires a referral from your primary care doctor it is very important that I have knowledge of your insurance and the particulars of its requirements.

It is also very helpful to be supplied with correct addresses, phone, and fax numbers.

Please make sure your student-athlete is aware of the importance of reporting to me all athletic injuries. This is the only way we are alerted to upcoming medical bills. We will set up an insurance file and make contact with the patient account department of his/her provider alerting them to the insurance particulars.

Please complete and return the "Parents Insurance Information" form to Athletic Department as soon as possible.

Sincerely,

A handwritten signature in black ink that reads "Jeff Reinland". The signature is written in a cursive, flowing style.

Jeff Reinland
Athletic Director