

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

District Administration Center
333 Skyway Drive, Camarillo, CA 93010
(805) 384-8300

☐ Moorpark College
Student Health Center
(805) 378-1413

☐ Oxnard College
Student Health Center
(805) 986-5832

☐ Ventura College
Student Health Center
(805) 986-6346

ACKNOWLEDGEMENT OF RESPONSIBILITY FOR ACCIDENT CLAIM

Name: _____ Social Security No.: _____
(Print)

When you have been injured due to an accident which has occurred on campus, the college provides supplemental medical insurance that will pay for costs not covered by your own health insurance. If you require medical care in addition to first aid at the Student Health Center, you will need to follow the procedures listed below to have the insurance assist with payment of your medical bills. In order to assure that you have received and understand the process, we ask that you read and sign this document.

I hereby acknowledge that, for my college related injury, I have received 2 sets (one for me and one for my medical provider) of the following documents:

1. ☐ The Blue Cross SAIN Accident Claim Verification form
2. ☐ The "Billing Instruction Sheet" for my medical provider to bill my private insurance (when applicable) and the college insurance, Blue Cross "Student and Athlete Insurance Network" (SAIN), directly.
3. ☐ The Blue Cross (Student Insurance – SAIN) Information Bulletin, a brief description of benefits.

Further, I understand that I am **ultimately responsible** for handling my insurance claim.

- A. The "Student and Athlete Insurance Network" (SAIN) Blue Cross Insurance does **NOT** provide 100% coverage for my medical expenses related to my injury.
- B. **I must read and follow the instructions** contained in the documents above to get my medical bills paid. I have 48 hours from the time of any on-campus injury to report to the Student Health Center.
- C. The Student Health Center is available to answer questions that I may have about the SAIN accident insurance or my claim.
- D. My private medical insurance is my primary insurance and I should get treatment from my private insurance medical provider. I do this by submitting all medical bills to my private insurance first. The Student Insurance provided by the college is secondary coverage. Treatment must be performed within 52 weeks of the injury accident.
- E. If I **do not** have private insurance, I am **required** by the Student Accident Insurance program to see a medical provider (Doctor Clinic or Hospital) who is a Blue Cross Participating Provider Organization (PPO).
- F. If I choose to see a medical provider who is not a Blue Cross PPO member, I may be personally responsible for a portion of my medical expenses

Student Signature

Date