



BGSU INTERCOLLEGIATE ATHLETICS REFERRAL FORM
Authorization for Medical Services



Authorization # _____ Date _____

BGSU Athletic Training is referring the following student athlete:

Name _____ Date of Birth _____ Sport _____
 P 00 _____ Phone _____
 Insurance Carrier _____ See Attached Material _____
 Policy Holder _____ Group Policy # _____
 Policy # _____ Claims Phone # _____

General Consent for Release of Medical Information
 I give permission to the consultant named below to release for billing purposes health care information related to the medical condition specified. Further, I give permission for discussion of my medical condition to occur between the BGSU Sports Medicine Staff and the consultant, and for the consultant to release this form to the BGSU Sports Medicine Staff. I understand that this release of medical information becomes effective when I sign it and will remain in effect for 90 days or until I cancel it in writing.

Signature _____ Date: _____

Referred to:

Pharmacy _____
 X-Ray/MRI _____
 Student Health Service _____
 Other _____

Referred by:

Team Physician _____
 Staff Athletic Trainer _____
 Graduate Assistant _____
 Other _____

Appt. time _____ Date of appt. _____ Date of injury _____
 Body part (L-R) _____ Authorized by _____
X-Ray views requested:

IMPORTANT NOTE TO CONSULTANT:

This referral authorizes only the services specified herein. If additional visits, diagnostic tests, treatments or secondary referrals are required outside your facility, you must contact the referring staff member listed herein for pre-authorization prior to performing the additional services. This referral authorizes treatment as described and authorizes secondary payment from BGSU Athletic Training **only after all the student athlete's primary insurance has been used**. Send billings and EOB's to BGSU Athletic Training at the address below. NCAA rules allow only for payment of athletically related illness/injury. All other charges are the responsibility of the student and will not be paid by BGSU.

Referred for:	X-ray impression:
History and Objective Information:	Recommendations:
	RX:/Follow-up:
Findings:	Next appointment:
Assessment:	Consultant's Signature:
	Date: Phone:

Sebo Athletic Center- Athletic Training Room
 1610 Stadium Drive
 Bowling Green, OH 43403

Phone: 419-372-7088
 Fax: 419-372-0123