



Sports Medicine

Louisiana State University Athletic Training Department
Medical Claims Payment Request- Outside Medical Consultant

Louisiana State University Athletic Training Department's medical consultation policy states that all medical appointments must be approved by our team physicians or by a member of the athletic training staff. Failure to comply will result in the athlete assuming financial responsibility.

In the event that a LSU student-athlete requests an appointment with a medical consultant other than those selected by the LSU Athletic Trainer or Team Physician, or schedules/attends a medical appointment with such a medical consultant on their own behalf, this form will serve to provide information to the student-athlete regarding the status of payment by LSU Athletics for related medical claims.

All requests for payment of medical claims by outside medical consultations will be reviewed by members of the Medical Review Committee. This must be done prior to your appointment or LSU will NOT be financially responsible for your medical consultation.

Student-athlete: _____ Date: _____

Injury/Illness: _____ Sport: _____

Medical Consultant(s): _____

Services [] Clinic Appt: Date/Details: _____

[] Surgery: Date/Details: _____

[] Rehab/PT: Date/Details: _____

[] Other: Date/Details: _____

Reason for request: _____

Student-Athlete's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

(Parent/Guardian Signature Required if Student-Athlete is under Age of 18)

- Medical Claims request is APPROVED for payment by LSU.
Medical Claims request is NOT APPROVED for payment by LSU.
The following portions of the Medical Claims request are APPROVED for payment by LSU.

Medical Review Committee members (s): _____ Date: _____