

Insurance & Authorization

(Required to be on file in Health Center)

- New Student Returning Student
 Spring Fall Year 20 _____

Every student must complete this form as a new student and with any subsequent changes to the information below. This form authorizes treatment and provides important information to hospitals, clinics and attending physicians.

Name _____ **Student ID J#** _____
First M. Last

Date of Birth _____ **Sport(s) if applicable** _____

Address _____
Street City State ZIP

Cell Phone _____

- Not insured at this time

Father/Guardian/Self

- Same as Mother/Guardian Information

Father's Name _____

Phone _____

Address _____

Soc. Sec. Number _____

Medical Insurance _____

Company or Plan _____

Policy Number _____

Address _____

Phone _____

Is this plan an HMO or PPO?

- Yes No

Is pre-authorization required to obtain treatment?

- Yes No

Is a second opinion required before surgery?

- Yes No

Mother/Guardian

- Same as Father/Guardian Information

Mother's Name _____

Phone _____

Address _____

Soc. Sec. Number _____

Medical Insurance _____

Company or Plan _____

Policy Number _____

Address _____

Phone _____

Is this plan an HMO or PPO?

- Yes No

Is pre-authorization required to obtain treatment?

- Yes No

Is a second opinion required before surgery?

- Yes No

Authorization

I hereby grant permission to any physician, hospital or clinic to which I am referred by the Concordia University Health Center and/or Athletic Training Staff to treat any health problems or injuries deemed reasonably necessary for my well-being. I also hereby authorize Concordia University Health Center and/or Athletic Training Staff to treat any health problems or injuries for which I seek treatment and to release medical information necessary to process insurance claims in order to receive benefits.

Intercollegiate Athletes: Your signature below authorizes the Concordia University Health Center, Coaching Staff and Athletic Training Staff to discuss pertinent information related to your health or injuries. You have the right to revoke any part of this at any time by sending written notification to the director of health services or the athletic trainer.

* The insurance policyholder needs to sign for release of insurance information.

* The parent or guardian needs to sign for authorization for treatment and for release of information if student is less than 19 years of age.

Required: Enclose a copy of the front and back of your insurance card.

PRINTED NAME OF STUDENT

SIGNATURE OF STUDENT

DATE

SIGNATURE OF INSURANCE POLICY HOLDER/PARENT/GUARDIAN

DATE