

# 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

Mobile Phone \_\_\_\_\_

- Not insured at this time

## Father/Guardian/Self

- Same as Mother/Guardian Information

Father's Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Soc. Sec. Number \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_

Group Number \_\_\_\_\_

Member ID \_\_\_\_\_

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 Provider \_\_\_\_\_

Group Number \_\_\_\_\_

Member ID \_\_\_\_\_

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, Coaches, Athletic Trainers, team physician, and athletic administration to discuss any information concerning illness or injury relative to my past, present or future participation in athletics at Concordia University, Nebraska. 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.

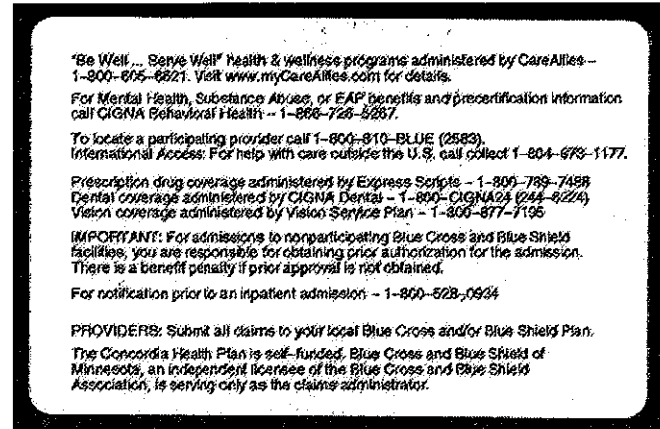
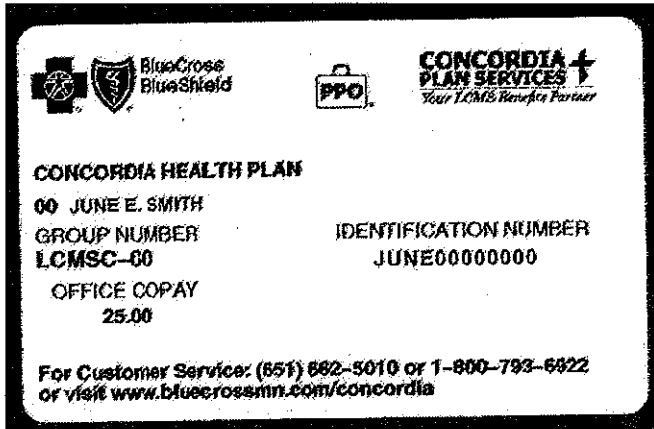
**Required: Enclose a copy of the front and back of your insurance card.**

PRINTED NAME OF STUDENT \_\_\_\_\_ SIGNATURE OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF INSURANCE POLICY HOLDER/PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

# Required Insurance Details

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



## Medical Coverage for International Students (and Non-U.S. Residents)

International students are required to have insurance that will cover medical issues while they are in the United States. International students need to provide proof of their medical coverage. International students (and residents of other countries) should check with their current insurance company to see if they provide any type of medical coverage while a student is in the U.S. If not, the student will need to find coverage for their time in the U.S.

Students should arrange for an option for medical coverage before arriving in the U.S. Look for coverage for particular personal needs, such as athletic injuries, follow-up care, chronic issues or dependents. Concordia doesn't recommend any particular company to use, but the university has a list of providers specifically for international students while in the U.S. Contact Julie Johnston Hermann, Director of Global Opportunities, at [julie.johnston@cune.edu](mailto:julie.johnston@cune.edu) for more information.