Insurance & Authorization

(Required to be on file in Health Center)

- New Student Returning Student O International Student
 - O Non-U.S. Resident

O Spring O Fall O 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 applica	ble	
Address				
Street		City	State	ZIP
Cell Phone				
○ Insured ○ No	ot insured at this	time		
Policy Holder's Info	ormation			
Name				
Phone				
Address				
Soc. Sec. Number				
Medical Insurance Provid				
Group Number				
Manahari ID				

Member ID	
Address	
Phone	

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

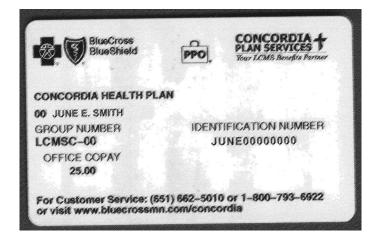
DATE

INSURANCE POLICY HOLDER/PARENT/GUARDIAN SIGNATURE

DATE

Required Insurance Details

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



'Re Well Senie Mell' h	ealth & wellness programs administered by CareAllies -
1-800-605-6621. Visit w	www.myCareAllies.com for details.
For Mental Health, Substa call CIGNA Behavioral He	ance Abuse, or EAP benefits and precertification information ealth - 1-866-726-5267.
To locate a participating p International Access: For	provider call 1-800-810-BLUE (2583). help with care outside the U.S. call collect 1-804-673-117
Prescription drug coverage Dental coverage administ Vision coverage administ	ge administered by Express Scripts – 1–800–789–7488 tered by CIGNA Dental – 1–800–CIGNA24 (244–6224) ered by Vision Service Plan – 1–800–877–7195
facilities, you are response	sions to nonparticipating Blue Cross and Blue Shield lible for obtaining prior authorization for the admission. I if prior approval is not obtained.
For notification prior to an	n inpatient admission - 1-800-528-0934
PROVIDERS: Submit all	claims to your local Blue Cross and/or Blue Shield Plan.
Minnesota, an independe	an is self-funded. Blue Cross and Blue Shield of Int licensee of the Blue Cross and Blue Shield Ity as the claims administrator.

Medical Coverage for International Students

Concordia requires all international students to have a certain level of health insurance coverage that will cover potential or existing injury, sickness, and medical issues, emergency medical evacuation, repatriation/return of remains, etc. while in the United States. Travel insurance and medical insurance in other countries does not cover this requirement.

Concordia has chosen this provider for our students to use - International Student Insurance.

You can choose from four plans and levels of coverage. Athletes must use Budget plan or higher.

Please click the link below, follow the instructions, and order your coverage to complete the requested insurance information (under Self) on the first page of this form.

international student insurance.com/schools/concordia university-nebraska

If you have questions – please reach out to Julie Johnston Hermann, Director of Global Opportunities, at julie.hermann@cune.edu

Medical Coverage for Non-U.S. Residents

If you are not an international student and not a U.S. resident, you may not be able to get typical domestic insurance coverage. This shortterm medical coverage could be an option for you.

pivothealth.com/short-term-health-insurance

Insurance Card: