

Emory & Henry College

Department of Athletic Training
Personal Insurance Information

Academic Year _____ - _____ Sports _____

Is your son or daughter cover at this time by your present health insurance?
_____yes _____no

Is this coverage through a Health Maintenance Organization (HMO)? _____yes _____no

Did you purchase the Emory & Henry College Student Insurance? _____yes _____no

PLEASE COMPLETE THE FOLLOWING INFORMATION THOROUGHLY

Name of Insurance Company: _____

Name of Policy Holder: _____

Policy Holder's I.D. Number _____

Address of Company _____

Phone Number of Company _____

Customer Service: (_____) _____ - _____ x _____

Pre-Certification: (_____) _____ - _____ x _____

Policy Number _____

Group Number _____

Release of Insurance Information:

I, the undersigned, give the medical provider permission to file a claim directly with my personal insurance carrier in order to pay all, or a portion of, the medical expenses incurred by:

(student-athlete's name and social security number)