



UNIVERSITY OF SOUTH CAROLINA

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HMO/PPO Information / " R t l o c t { " E c t g R j { u l e k p <aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa " R j q p g <aaaaaaaaaaaaaaaaaaaaaa

MEDICAL INSURANCE: ☐ **NO MEDICAL INSURANCE COVERAGE** ☐ **INTERNATIONAL STUDENT**

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CHAMPUS/TRI-CARE INFORMATION: * K C r r r e c d r g +

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DENTAL INSURANCE:

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U w d u e t k d g t u r F c v g q h D k y " a a a " T a a a a " T a a a a U w d u e t k d g t u r U U P < Z Z Z / Z Z / " a a a a a a a a " * N c u v h q w " f k i k u " q p n f +

PRESCRIPTION MEDICATION COVERAGE: Rx Bin # _____ PCN/GROUP _____

Kcenpqy r g f i g " K j c x g " t g c f " y j g " r g w g t " t g i c t f k p i " o g f k e c n l p h q t o c v k q p . " w p f g t u v c p f " c p f " y k m i c u u k u v " k p " y j g " h k p i " q h " c e e k f g p v e r k o u o " K c w g u v " y j g " k p u w t c e p g " e q x g t c i g " u w d o k w g f " k u " c " e w t g p v . " k p " h q t e g " k p u w t c e p g " r q r l e { " h q t " l p l w t k g u " y j c v " q e e w t " f w t k p i " o { r c t v e k r c v k p i " k p " k p v g t e q n g i k c v g " c v j r g v e u " **If there is a material change in coverage or expiration of coverage, I agree to notify the University of South Carolina Athletic Medicine staff of this development and update the insurance information I have on file with them.** K w p f g t u v c p f " c p f " c i t g g " y j c v " y j g " W p k x g t u k f " q h " U q w j " E c t q r k p c " y k m i c u u w o g t g u r q p u k d k k f { " h q t " y j g " r c { o g p v " q h " q t " c w j q t k c v k p p " q " r c { . " o g f k e c n l g z r g p u g u " t g u w k p i " k p " l p l w t k g u " y j c v " q e e w t " y j k g r c t v e k r c v k p i " k p " k p v g t e q n g i k c v g " c v j r g v e u " c v j g " W p k x g t u k f " q h " U q w j " E c t q r k p c " o **provided I follow policies outlined in the letter received.**

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.....Cj rvg u r U i p c w t g

aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa " F c v g <aaaa " T a a a a " T a a a a
.....R e t g p v u i l l v e t f k e p a i U i p c w t g "
.....

Please return with a copy of the front AND back of insurance card.