

UNIVERSITY OF CINCINNATI SPORTS MEDICINE

Health Insurance Information: Returning Athlete

STUDENT ATHLETE'S INFORMATION

Name:	Date of Birth:	Sport:
M#:	SS No.:	Email Address:
Local Address:		
City:	State:	Zip:
Home Phone:		Cell Phone:

INSURANCE INFORMATION

Coverage through University of Cincinnati's Student Health Insurance (Klais & Co.) Yes _____ No _____

***If YES, fill out Dental and/or Prescription information below if applicable**

***If NO, fill out all insurance information below**

PRIMARY INSURANCE				SECONDARY INSURANCE			
Ins. Company Name:				Ins. Company Name:			
Policy #:		Group #:		Policy #:		Group #:	
Is preauthorization necessary for medical/diagnostic services? Yes No				Is preauthorization necessary for medical/diagnostic services? Yes No			
Policyholder:		Relationship:		Policy Holder:		Relationship:	
Date of Birth:		SS No.:		Date of Birth:		SS No.:	
Home Address:				Home address:			
City:		State:	Zip:	City:		State:	Zip:
Home Phone:		Cell Phone:		Home Phone:		Cell Phone:	
Employer:				Employer:			
DENTAL INSURANCE				PRESCRIPTION INSURANCE			
Ins. Company Name:				Ins. Company Name:			
Policy #:		Group #:		Policy #:		Group #:	
Is preauthorization necessary for medical/diagnostic services? Yes No				Is preauthorization necessary for medical/diagnostic services? Yes No			
Policyholder:		Relationship:		Policy Holder:		Relationship:	
Date of Birth:		SS No.:		Date of Birth:		SS No.:	
Home Address:				Home Address:			
City:		State:	Zip:	City:		State:	Zip:
Home Phone:		Cell Phone:		Home Phone:		Cell Phone:	
Employer:				Employer:			
PRIMARY CARE PHYSICIAN							
Primary Care Physician:				Physician Phone #:			

PLEASE READ CAREFULLY!**Submit a copy of Medical (primary/secondary), Prescription, and Dental Insurance cards (both front and back)**

The NCAA and the University of Cincinnati require student athletes to provide proof of primary health insurance coverage or to purchase University Health Insurance.

The University of Cincinnati Department of Intercollegiate Athletics' provides self-funded secondary coverage and is considered "EXCESS" or "SECONDARY" to any primary insurance provided by the parent/legal guardian. Therefore, any claims for benefits must first be filed with the PRIMARY insurance company providing coverage. Only after all available benefits have been exhausted will the University of Cincinnati's Department of Intercollegiate Athletics' consider payment for any remaining balances, based on precertification and usual and customary reimbursement.

I AGREE to supply any and all information requested by my primary insurance and the University of Cincinnati's Department of Intercollegiate Athletics in a timely manner. _____
(initial here)

I AGREE to notify the University of Cincinnati Sports Medicine Department immediately upon any change in the above health insurance information. If I fail to do so, I fully understand that I may be responsible for any & all charges incurred. _____
(initial here)

I AUTHORIZE the University of Cincinnati's Department of Intercollegiate Athletics, hospitals, and physicians connected with or provided, to furnish information to insurance carriers concerning any illness, injury, and treatments and I hereby assign to the party all payments for medical services rendered to the student-athlete. _____
(initial here)

I AUTHORIZE the University of Cincinnati's Department of Intercollegiate Athletics to secure and inspect copies of case history records, lab reports, diagnoses, x-rays, and any other data pertaining to the injury/illness I am receiving care for or previous confinements of disabilities relevant to the care of the injury/illness. _____
(initial here)

I AUTHORIZE the University of Cincinnati's Sports Medicine Department and/or my coach to hospitalize and secure treatment for me for any athletic injury/illness. _____
(initial here)

A photocopy of this authorization shall be deemed as effective & valid as the original. _____
(initial here)

I ACKNOWLEDGE that I have read and understand the above statements. _____
(initial here)

Student-Athlete's Signature:	Date: