

MEDICAL INSURANCE INFORMATION

Failure to complete ALL information will result in claims processing delays.

NOTE: Complete all blanks with information OR N/A, if not applicable.

Athlete's Name		Sport		
College Street Address	City	State	Zip	Phone
Home Street Address	City	State	Zip	Phone

Father/Guardian		Mother/Guardian	
Date of Birth		Date of Birth	
Address		Address	
City, State, Zip		City, State, Zip	
Soc.Sec.No.		Soc.Sec.No.	
Employer		Employer	
Address		Address	
Telephone		Telephone	
Medical Insurance Company/Plan		Medical Insurance Company/Plan	
Mailing Address		Mailing Address	
City, State, Zip		City, State, Zip	
Policy No.		Policy No.	
Telephone		Telephone	
<input type="checkbox"/> Primary Policy <input type="checkbox"/> Secondary Policy		<input type="checkbox"/> Primary Policy <input type="checkbox"/> Secondary Policy	

Is the company or plan listed above considered a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the company or plan listed above considered a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your insurance or plan require a second opinion before surgery? Yes No

I hereby authorize Youngstown State University and the Athletic Department's insurance carrier to inspect or secure copies of case history records, laboratory reports, diagnosis, x-rays and any other data covering this and/or previous confinements, and/or disabilities. A photocopy of this authorization shall be deemed as effective and valid as the original.

We authorize that the university or its insurance agent pay the medical vendors direct for any bills incurred from accidents that are covered under the coverage purchased by Youngstown State University.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

PARENTS/GUARDIANS to complete and return to:

Athletic Training Staff
 Youngstown State University
 One University Plaza
 Youngstown, OH 44555