Health Insurance Information for 2004-2005 Academic Year

Athlete's Name_____ M/F (Circle)
Last First MI

Athlete's Home Address_____

_____
City State Zip Code

Athlete's SS# ___-___-_____ Athlete's DOB __/___/___

Sport _____

Complete Name of Insurance Company _____

Address to Mail Claim _____

_____

_____

Policy Holder's Name_____
Last First MI

Policy Holder's Address_____
Number Street

_____
City State Zip Code

Policy Holder's SS# ___-___-_____ Policy Holder's DOB ___/___/___

Please copy the front and back of your insurance card and affix it below.

Front	Back

Consent to Disclose Protected Health Information

- I hereby consent to allow the UNCG Athletic Training Staff to disclose Protected Health Information concerning any injury or athletically related illness to my coaching staff and the UNCG Athletics Administration.
- I hereby consent to allow UNCG Athletic Department Personnel to disclose Protected Health Information concerning any injury or athletically related illness to my parents, legal guardians, or wards.
- I authorize payment of medical benefits to all providers of services for all services and materials they provide during the care of any injury/illness.
- I agree to supply any and all information requested by my primary insurance, UNCG and the excess insurance company, and the NCAA and their excess insurance company in a timely manner in order to expedite the claim process.
- I hereby authorize UNCG and their excess insurance company to secure and inspect copies of case history records, lab reports, diagnoses, x-rays, and other data pertaining to the injury/illness I am receiving care for or previous confinements, if disabilities relevant, to the care of the injury/illness.
- I authorize the UNCG Athletic Training staff and/or my coach to hospitalize and secure treatment for me for any athletic injury/illness. If the athlete is under 18 years of age, the undersigned parent/guardian grants permission the UNCG Athletic Training staff and/or the coach to hospitalize and secure treatment for their son/daughter/ward for any athletic injury/illness.
- This consent is irrevocable for the duration of any executed disclosure due to an athletically related illness or injury.
- A photostatic copy of this consent shall be deemed as effective and valid as the original.
- I will notify the UNCG Athletic Training staff immediately upon any change in the above health insurance information.

_____ _____
Athlete's Signature Date

_____ _____
Parent/Guardian Signature Date

Parent/Guardian's Name _____ Relationship_____

Home Phone _____ Work Phone_____

Parent/Guardian's Name _____ Relationship_____

Home Phone _____ Work Phone_____

Alternate Person to Contact in Case of Emergency _____

Relationship _____

Home Phone _____

Work Phone _____