



# University Health Center Medical Insurance Form



University Health Center  
Student Affairs  
UNIVERSITY OF GEORGIA

In order for us to file your insurance we need the following information on you and the policy holder. If you have a card, please include a **front** and **back** copy. You can mail, fax or email this information to the attention of:

Donna Morris  
55 Carlton St.  
Athens, GA 30602  
706-583-0217 fax  
[DMorris@uhs.uga.edu](mailto:DMorris@uhs.uga.edu)

### Student Information

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Student ID number \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Insurance Information

Insurance Company \_\_\_\_\_ Insurance Phone Number \_\_\_\_\_

Policy or ID number \_\_\_\_\_ Group number \_\_\_\_\_

Date Coverage began \_\_\_\_\_

Claims Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Primary Policy Holder Information

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

MALE  FEMALE Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Relationship to student (circle one): Self Spouse Child Parent

**\* Please note that this form does not constitute a waiver request for the mandatory student health insurance plan.**

**\* Please note that we are in-network with the Student Health Ins. Plan, most BCBSGA plans, Cigna, Standard Tricare, Medicaid, Humana, United Healthcare, Aetna and Coventry. It is the patient's responsibility to call their insurance carrier to find out what services are covered at the UHC. Out-of-network benefits associated with your insurance will be applied to your services.**

**\* We ARE NOT in-network with some HMO's, ALL Health Exchange Plans and a few other small insurance carriers.**

Effective: 8/15

Reviewed:

Revised: 2/16; 10/16; 1/17; 3/18; 03/19