



In order for us to file your vision 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:

Mildred Huckabee
55 Carlton St.
Athens, GA 30602
706-583-0217 fax
mhuckabee@uhs.uga.edu

Student Information

First name Middle initial Last name
Student ID number Date of Birth

Vision Insurance Information

Vision Insurance Company (check one)
VSP
EyeMed
Davis Vision
Spectera
Other

Have you used your vision insurance this year?
Yes
No

Policy or Member ID number

Primary Policy Holder Information

First name Middle initial Last name
Address City
State Zip code Date of Birth
Phone Place of Employment

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

Please contact the University Health Center Vision Clinic at 706-542-5617 with questions about vision insurance.