

Hillsdale College Athletic Medicine
Primary Health Insurance and HIPPA Form 2009-2010

Name: _____ Sport: _____ Date of Birth: _____

School Address: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

Parent/Guardian Information

The Hillsdale College athletic accident policy only provides coverage for injuries sustained to your student-athlete while participating in practices or games as a member of a Hillsdale College athletic team. This coverage is considered as a secondary policy to any other coverage that your student-athlete maintains. The Hillsdale College athletic accident policy will process claims only after your primary insurance carrier has processed the claim and necessary documentation has been submitted to the Hillsdale College athletic insurance coordinator. Please note: if your student-athlete is a full time student, most insurance policies allow for dependant coverage to be continued to the age of 24 . You may be asked for proof that your student-athlete is a full time student. Please comply with this request in order to maintain coverage. Do not drop coverage while your student-athlete is participating in intercollegiate athletics.

Primary Health Insurance Policy Holder Information

Policy Holder _____ DOB: _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Insurance Company _____ Phone Number _____

Group Number _____ Policy Number _____

PCP or Family Physician _____ Phone Number _____

Does your policy require: a second opinion for surgery? _____ Yes _____ No

Pre-Authorization for service? _____ Yes _____ No

Cover Chiropractic care? _____ Yes _____ No

Please check if it is a _____ HMO _____ PPO Is a co-pay required? _____

**Please attach a copy of the front and
back of your insurance card.**

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM AND RETURN IT TO: Athletic Medicine, Hillsdale College, 201 Oak Street, Hillsdale MI 49242