



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:

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 _____

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, Tricare Prime, CMO's (Peachstate, Amerigroup, Wellcare) and a few other small insurance carriers.**

Effective: 8/2015

Reviewed:

Revised: 2/2016; 10/2016; 1/2017