



University Health Center Vision Insurance Form



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.