

# Insurance & Authorization

## (Required to be on file in Health Center)

- New Student       Returning Student  
 International Student       Non-U.S. Resident  
 Spring     Fall     Year 20 \_\_\_\_\_

Every student must complete this form as a new student and with any subsequent changes to the information below. This form authorizes treatment and provides important information to hospitals, clinics and attending physicians.

**Name** \_\_\_\_\_ **Student ID J#** \_\_\_\_\_  
First M. Last

**Date of Birth** \_\_\_\_\_ **Sport(s) if applicable** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State ZIP

**Cell Phone** \_\_\_\_\_

- Insured     Not insured at this time

## Policy Holder's Information

**Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Soc. Sec. Number** \_\_\_\_\_

**Medical Insurance Provider** \_\_\_\_\_

**Group Number** \_\_\_\_\_

**Member ID** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

## Authorization

I hereby grant permission to any physician, hospital or clinic to which I am referred by the Concordia University Health Center and/or Athletic Training Staff to treat any health problems or injuries deemed reasonably necessary for my well-being. I also hereby authorize Concordia University Health Center and/or Athletic Training Staff to treat any health problems or injuries for which I seek treatment and to release medical information necessary to process insurance claims in order to receive benefits.

**Intercollegiate Athletes:** Your signature below authorizes the Concordia University Health Center, Coaches, Athletic Trainers, team physician, and athletic administration to discuss any information concerning illness or injury relative to my past, present or future participation in athletics at Concordia University, Nebraska. You have the right to revoke any part of this at any time by sending written notification to the director of health services or the athletic trainer.

\* **The insurance policyholder needs to sign for release of insurance information.**

\* The parent or guardian needs to sign for authorization for treatment and for release of information if student is less than 19 years of age.

**Required: Enclose a copy of the front and back of your insurance card.**

PRINTED NAME OF STUDENT

SIGNATURE OF STUDENT

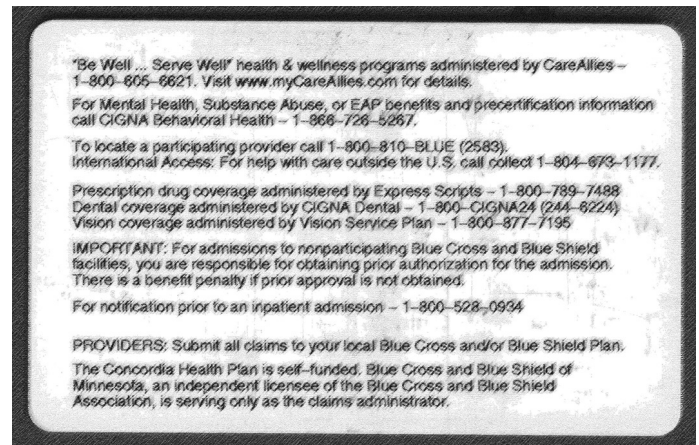
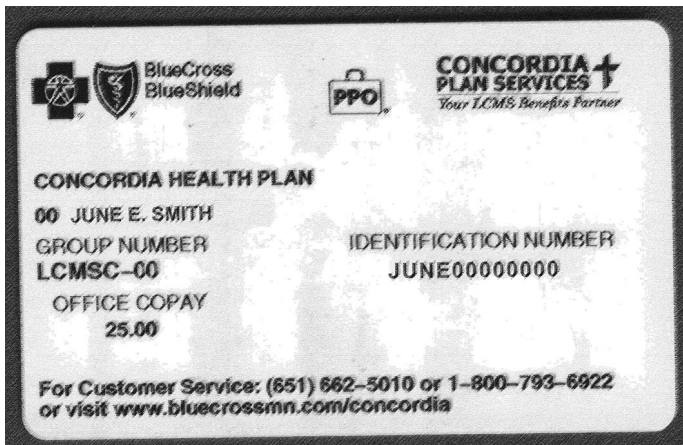
DATE

INSURANCE POLICY HOLDER/PARENT/GUARDIAN SIGNATURE

DATE

# Required Insurance Details

Enclose a copy of the front and back of your insurance card.



## Medical Coverage for International Students

Concordia requires all international students to have a certain level of health insurance coverage that will cover potential or existing injury, sickness, and medical issues, emergency medical evacuation, repatriation/return of remains, etc. while in the United States. Travel insurance and medical insurance in other countries does not cover this requirement.

Concordia has chosen this provider for our students to use – International Student Insurance.

You can choose from four plans and levels of coverage. Athletes must use Budget plan or higher.

Please click the link below, follow the instructions, and order your coverage to complete the requested insurance information (under Self) on the first page of this form.

[internationalstudentinsurance.com/schools/concordiauniversity-nebraska](http://internationalstudentinsurance.com/schools/concordiauniversity-nebraska)

If you have questions – please reach out to Julie Johnston Hermann, Director of Global Opportunities, at [julie.hermann@cune.edu](mailto:julie.hermann@cune.edu)

## Medical Coverage for Non-U.S. Residents

If you are not an international student and not a U.S. resident, you may not be able to get typical domestic insurance coverage. This short-term medical coverage could be an option for you.

[pivohealth.com/short-term-health-insurance](http://pivohealth.com/short-term-health-insurance)

## Insurance Card: