

University of Northern Iowa Student Health Center Insurance Information Form

1. Patients Information

Name _____ Date of Birth _____

UNI Student ID # _____ Student's Cell Phone # _____

2. Primary Insurance

Insurance Company Name _____

Policyholder's Employer _____

Policyholder's Name _____ Policyholder's Birth Date _____

Member ID # _____ Group # _____ Relationship to patient _____

Policyholder's Address _____
Street Address City State Zip

3. Secondary Insurance

Insurance Company Name _____

Policyholder's Employer _____

Policyholder's Name _____ Policyholder's Birth Date _____

Member ID # _____ Group # _____ Relationship to patient _____

Policyholder's Address _____
Street Address City State Zip

4. Authorization to release information and pay benefits: I authorize and request the above named insurance company to pay benefits for services rendered. I understand that I am financially responsible for all charges for professional services, whether or not paid by an insurance carrier or health plan. I understand that I am financially responsible if my insurance coverage is limited by managed care (PPO, HMO, etc) contracts. I authorize the Student Health Center to release all medical information necessary to process my health insurance claims. I authorize the UNI Student Health Center to Ubill charges for services performed.

5. Authorization to use cell phone number: I authorize UNI Student Health Center (SHC) to call/text the phone number provided for medical care purposes only (e.g. reschedule or cancel appointments, communication regarding my care, test results, appointment reminders) which is separate and distinct from the approval to UNI in general for such information: any withdrawal of the approval to SHC requires specific and direct communication with SHC.

Student's Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

(needed if patient is under 18 years of age)

**Return completed form along with a copy of the front and back of
your insurance card. Mail or Fax to:
University of Northern Iowa
Student Health Center 0221
Cedar Falls, IA 50614-0221
Fax: 319-273-7030**