

PARENT/GUARDIAN/STUDENT INFORMATION

RETURN FORM WHEN COMPLETED TO: **Head Athletic Trainer
Pittsburg State University
1701 South Broadway
Pittsburg, KS 66762**

*Note: Complete all blanks on this form. Failure to complete all blanks will result in claims processing delays.
If information is not applicable, indicate the reason it is not (e.g., deceased, divorced, unknown, etc.).*

*****PLEASE ATTACH PHOTOCOPY OF FRONT AND BACK OF HEALTH INSURANCE CARD*****

Name of Athlete _____ Sport _____
Social Security No. or Passport No. _____ Date of Birth _____
Local Address _____ Local Phone (____) _____
Home Address _____ Home Phone (____) _____
City _____ State _____ Zip _____

FATHER/GUARDIAN/SPOUSE INFORMATION

Name _____
Social Security # _____
Date of Birth _____
Home Address _____

Home Phone # _____
E-Mail _____
Employer _____
Address _____

Phone # _____
Medical Insurance
Company or Plan _____
Address _____

Policy/ID # _____
Phone # (____) _____

IS YOUR DEPENDENT SON/DAUGHTER COVERED

UNDER THE ABOVE POLICY?	Yes	No
Is this plan an HMO?	Yes	No
Is this plan a PPO?	Yes	No
Is pre-authorization required to obtain treatment?	Yes	No
Is a second opinion required before surgery?	Yes	No

MOTHER/GUARDIAN/SPOUSE INFORMATION

Name _____
Social Security # _____
Date of Birth _____
Home Address _____

Home Phone # _____
E-Mail _____
Employer _____
Address _____

Phone # _____
Medical Insurance
Company or Plan _____
Address _____

Policy/ID # _____
Phone # (____) _____

IS YOUR DEPENDENT SON/DAUGHTER COVERED

UNDER THE ABOVE POLICY?	Yes	No
Is this plan an HMO?	Yes	No
Is this plan a PPO?	Yes	No
Is pre-authorization required to obtain treatment?	Yes	No
Is a second opinion required before surgery?	Yes	No

Signature of Parent _____ Date _____

PLEASE COMPLETE AUTHORIZATIONS ON PAGE 2