



# Our Lady of the Lake University Athletic Insurance Information



**Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

**Insurance Information:**

Policy Holder Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Policy Holder SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Mailing address: \_\_\_\_\_

Group# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy/ID# \_\_\_\_\_ Insurance phone number \_\_\_\_\_

Is your primary insurance an HMO or PPO? \_\_\_\_\_

Do you have restrictions as to which physician you can see? \_\_\_\_\_

Does your insurance require pre-authorization for services? \_\_\_\_\_

I am currently enrolled in the Our Lady of the Lake University Student Health Plan and will remain continuously enrolled (each semester) in this plan for the duration of the academic year and during anytime that I may participate in athletic preparation and/or competition on behalf of Our Lake of the Lake University.

**Medical Authorization**

I certify that the insurance information shown here, to the best of my knowledge, is true, complete, and correct. I further agree to notify Our Lady of the Lake University Athletics Department immediately in writing if my insurance policy expires or changes during my attendance. A photocopy of this authorization shall be as valid as the original.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach photocopy of the front and back of your current insurance card to this sheet**

**Note: Please make sure that San Antonio Sports Medicine Associates (Dr. Ralph Curtis) is covered on your insurance.**