



Our Lady of the Lake University
Athletic Training
Insurance Information



A. Personal Information: Date: ____/____/____

First name: _____ Last name: _____ Date of birth: ____/____/____
Home address: _____ City: _____ State: ____ Zip: _____ Phone: Home: _____
Your Cell: _____
Social Security number: ____ - ____ - ____ Age: _____ Sport: _____

B. Primary Insurance Plan: **Father's** **Mother's** **Self**

Effective Date of Policy: ____/____/____	Primary Policy Holder Information:
Expiration Date of Policy ____/____/____	Name: _____
Insurance Company: _____	Social Security Number: ____ - ____ - ____ Birthdate: ____/____/____
Co. Address: _____	Insurance Type (HMO,PPO,POS): _____
_____	Group #/Plan: _____
City: _____	Policy Number (ID): _____
State: _____ Zip: _____	Does this insurance cover orthopedic braces? _____ YES _____ NO
Insurance Phone: ____ - ____ - ____	Does this insurance require a referral before treatment? _____ YES _____ NO
Employer: _____	Does this insurance cover athletic related injuries? _____ YES _____ NO
Work Address: _____	Does this insurance require you to pay a deductible? _____ YES _____ NO
City: _____ State: ____ Zip: _____	If you have a deductible, how much must you pay? \$ _____
Work Phone: ____ - ____ - ____	Does your insurance require you to pay a co-pay? _____ YES _____ NO

Primary Care Physician (Family Physician):

PCP's Name: _____ Physician's Phone Number: ____ - ____ - ____

C. Our Lady of the Lake University Student Insurance

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.

Yes, I am enrolled in the OLLU Student Health Plan

Signature: _____
Parents *Student-Athlete*

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D. Health Care Provider List

The list below represents the health care providers that provide care to athletes that are injured while representing Our Lady of the Lake University. Our Team Physician is Dr. Ralph J. Curtis. He is part of the Sports Medicine Associates of San Antonio. There are other doctors that make up this group and also see our athletes depending on the type of injury. Please check whether these doctors are on your insurance provider list.

1. Sports Medicine Associates of San Antonio (Dr. Ralph J. Curtis) Yes No
2. South Texas Radiology Imaging Center (Imaging) Yes No
3. CHRISTUS NW Santa Rosa Hospital (Emergency Room) Yes No

All students will be able to use the Student Health Services in case of sickness.

Are you covered by a prescription card policy? Yes No *If different from primary or secondary insurance please attach a copy of your card. **Name of carrier:** _____ **Policy Number:** _____

Are you covered by a separate dental insurance plan? Yes No *If different from primary or secondary insurance please attach a copy of your card. **Name of carrier:** _____ **Policy Number:** _____

E. Authorization of treatment. This authorization applies to the athlete named above.

I hereby consent to routine medical treatment (including, but not limited to, minor illness or injury) by contracted physicians of Our Lady of the Lake University or physicians or other medical professionals selected by Our Lady of the Lake University and its authorized staff. I also hereby give Our Lady of the Lake University and its authorized staff authority to consent to emergency medical, surgical, or dental treatment on my behalf and to furnish my personal health insurance information or University health insurance information to the provider of said treatment. Should injury occur to me during my attendance at Our Lady of the Lake University, I hereby authorize any and all hospitals, physicians, insurance payers/companies or other medical providers to furnish a detailed statement of charges to Our Lady of the Lake University in order that they may process any applicable athletic accident insurance claims. Our Lady of the Lake University, to whom I give this authority, is related to me as an educational institution in which I am enrolled as a student and not financially responsible.

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.

Student-Athlete Signature

Date

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