

# INSURANCE INFORMATION FORM

*To Be Used For Emergency Contact And Filing Medical Claims*

**Bowling Green State University**

**Sport:** \_\_\_\_\_

Athlete Name: \_\_\_\_\_ BGSU P00# \_\_\_\_\_ Birth Date: \_\_\_\_\_

College Address: \_\_\_\_\_ College (Cell) Phone: ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Home Phone: ( ) \_\_\_\_\_

Father/Guardian: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Medical Insurance Co: \_\_\_\_\_  
 Primary \_\_\_ Secondary \_\_\_ (Check one) Ins. Phone #: ( ) \_\_\_\_\_  
 Ins. Address: \_\_\_\_\_  
 Policy # \_\_\_\_\_ Plan # \_\_\_\_\_ Group # \_\_\_\_\_  
 Father/Guardian Employer: \_\_\_\_\_  
 Work Phone # ( ) \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Medical Insurance Co: \_\_\_\_\_  
 Primary \_\_\_ Secondary \_\_\_ (Check One) Ins. Phone #: ( ) \_\_\_\_\_  
 Ins. Address: \_\_\_\_\_  
 Policy # \_\_\_\_\_ Plan # \_\_\_\_\_ Group # \_\_\_\_\_  
 Mother/Guardian Employer: \_\_\_\_\_  
 Work Phone # ( ) \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Is the company or plan listed considered a HMO or PPO? Fathers Ins. \_\_\_\_\_ Mothers Ins. \_\_\_\_\_ *(Please indicate HMO or PPO)*
2. Is your daughter/son covered at this time by your present surgical & Hospital insurance policy? Father Ins. \_\_\_\_\_ Mother Ins. \_\_\_\_\_ *(Indicate Yes or No)*
3. Does your insurance require a second medical/doctor's opinion? Father Ins. \_\_\_\_\_ Mother Ins. \_\_\_\_\_ *(Indicate Yes or No)*
4. Does your insurance require pre-authorization for hospital admission? \_\_\_\_\_ If YES, phone number ( ) \_\_\_\_\_

**Parent & Athlete:** I hereby authorize Bowling Green State University and The Baker Agency, Inc, Plainwell, MI (Secondary Insurance Company-BGSU) to inspect or secure copies of case history records, laboratory reports, diagnosis, x-rays, and any other data covering this and/or previous confinements and/or disabilities. A photo static copy or this authorization shall be deemed as effective and valid as the original.

X _____	X _____
PARENT'S SIGNATURE	ATHLETE'S SIGNATURE
DATE	DATE

**Athlete & Parents:** This form **MUST** be completed and returned to the following address before the student athlete can practice or compete:  
**Bowling Green State University, Athletic Training Room, Sebo Athletic Center Rm 100, Bowling Green, OH 43403**

**Athlete & Parents:** I acknowledge receiving one copy of BGSU's Athletic Injury and Medical Policy. I understand the University's responsibility and limits to a student who becomes injured as a result of participation in intercollegiate sports at BGSU.

X _____	X _____
PARENT'S SIGNATURE	ATHLETE'S SIGNATURE
DATE	DATE

**IMPORTANT NOTICE:** Please attach a copy of your insurance card (Front & Back) along with Prescription Card, if separate.