

University of Maine at Presque Isle Insurance Form
ATHLETIC TRAINING STUDENT TO COMPLETE USING BLACK INK

Date of this Form: _____
(Month) (Day) (Year)

ATS Full Name: _____
(Last) (First) (Middle)

Date of Birth _____ Age _____ Local phone number _____

Emergency Contact Info

Name: _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone # _____

Do you have Group Medical Insurance through
your Employment? Yes _____ No _____

Insurance Company: _____

Address: _____

City _____ State _____ Zip _____

Phone # _____ Policy # _____

I.D. # _____ Group # _____

Contact Person _____

If you have medical insurance coverage and are not covered or only partially covered due to policy limitations, please explain:

WITH MY SIGNATURE BELOW,

- I hereby authorize the University of Maine at Presque Isle and any of its insurance companies and representatives to inspect or secure copies of case history record, laboratory reports, diagnosis, x-rays and other data covering this and/or previous confinements, and /or disabilities. A photostatic copy of this authorization shall be deemed as effective and valid as the original.
- I authorize assignment to go directly to physician, hospital, radiologist, anesthesiologist, and rehabilitation services for medical services rendered to the above named athlete. A photostatic copy of this authorization shall be deemed as effective and valid as the original.
- I agree that all information provided in this document is accurate and complete to the best of my knowledge. I understand that any incorrect or undisclosed information can result in duplicate payments creating a substantial over payment. The responsibility of such payment will be the responsibility of the undersigned to reimburse IN FULL, upon request, all amounts deemed refundable.

Student Signature: _____ Date _____