

Name _____
PRINT Last First Middle Banner ID #

STUDENT'S MEDICAL INSURANCE INFORMATION

Student Name: _____

- I **DO NOT** have medical insurance.
- My medical insurance information is listed below:

Policyholder's Names: _____

Policyholder's Date of Birth: _____

Policyholder's Social Security Number: _____

Relationship to Student: _____

Insurance Company Name: _____

ID Number _____ Group # _____

Company Address: _____

Phone number: _____

Effective Date of Insurance: _____

Amount of Co-pay: Office visit _____ E.R. _____

Amount of Deductible: _____

Will your insurance pay for you to see our consulting physician:

Dr. Bill M. Smith (main office)
1200 Pineville Road
Chattanooga, TN

(satellite office)
100 McFarland Road
Lookout Mountain, GA 30750

YES NO (circle one)

If you cannot see Dr. Smith, what primary physician in the Chattanooga area can you see?

Name Phone number

Student Signature: _____ Date: _____

PLEASE COMPLETE THIS FORM AND ATTACH A LEGIBLE COPY (FRONT & BACK) OF YOUR CURRENT INSURANCE CARD.

If your insurance coverage changes again before next January, please stop by Health Services to complete a new form.



Return to:
Covenant College Health Services
14049 Scenic Hwy., Lookout Mtn., GA 30750
Phone: 706-419-1275 FAX : 706-820-2933