

Student-Athlete Information Sheet

Student-Athlete's Name: _____ MU ID #: _____ Year in School: _____

Sex: Male Female Date of Birth: ____ / ____ / ____ Sport (s): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Campus Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ Campus Phone #: _____

Email address: _____

Parent/Guardian Names: _____

Relationship: _____

Home Phone #: _____

Work/Cell Phone #: _____

Any known allergies (i.e. medications, food, stings, etc): _____

PRIMARY INSURANCE INFORMATION	COPY OF INSURANCE CARD
Name of Policyholder: _____	attach copy of insurance (FRONT)
Policyholder's Date of Birth: ____ / ____ / ____	
Policyholder's Employer: _____	
Employer Address: _____ _____	
Insurance Company: _____	
Address: _____ _____	
Insurance Company's Phone #: _____	
Policy/ ID #: _____	
Group #: _____	
Type of Insurance: <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> Other: _____	
Primary Care Physician: _____	
Physican's Phone #: _____	
Is pre-authorization necessary for diagnostic medical services? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone #: _____	

Marymount University's health insurance is an "Excess All Other Collectible" policy. Therefore, **all claims must first be submitted to your primary insurance carrier for processing**. If your primary insurance carrier denies a claim for any reason, the University health insurance carrier could also deny the claim.

If there is an injury requiring a referral, the student-athlete must generate a Health Ticket with the Student Health Center prior to the appointment.

Return completed form to: **Marymount University Athletics, Athletic Training, 2807 North Glebe Road, Arlington, Virginia 22207**