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INSURANCE QUESTIONNAIRE

Whether the student/athlete is covered by medical insurance or not, this form **MUST** be completed and on file with the athletic trainer before the student/athlete is released to participate in any athletic activity at Rochester Community and Technical College.

Athlete's Name _____ Date of Birth _____

Sport _____ Stinger ID _____

Are you insured for medical expenses under an insurance policy? YES _____ NO _____
If YES, complete the information below. If NO, sign bottom of form, then read and sign waiver of liability form.

Policy holder's Name _____

Home address _____ City _____ State _____ Zip _____

Cell _____ Home phone _____ Work phone _____

Relationship of policy holder to athlete _____

Name of Group/Employer _____

Name of Insurance Company _____ Phone Number _____

Full address of claim office _____

Policy Number _____ Insurance I.D. Number _____

Is this policy an HMO/PPO? Yes ___ No ___ If yes, does it cover services out of the area? Yes ___ No ___

Does this policy require Preauthorization for service? Yes ___ No ___ If yes, Phone Number _____
For surgeries? Yes ___ No ___ A second opinion for surgery? Yes ___ No ___

Does policy include dental coverage? Yes ___ No ___ If no, is there a separate dental policy? Yes ___ No ___

DOES THIS POLICY COVER SERVICES AT MAYO CLINIC? YES ___ NO ___

DOES THIS POLICY COVER SERVICES AT OLMSTED MEDICAL CENTER? YES ___ NO ___

IF NO TO BOTH ABOVE, WHERE IN THE AREA ARE YOU COVERED? _____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize the provider of medical services to release information on any athletic related injury/illness to members of the Rochester Community and Technical College medical and athletic training staff. I also authorize Rochester Community and Technical College to release any information required in the processing of applications for financial coverage for medical services rendered as a result of participation in athletics. This will be valid for one year. Rochester Community and Technical College provides no insurance to those participating in athletics, and is no way responsible for payment of any medical services resulting from injury while participating in athletics at Rochester Community and Technical College.

Student's Signature

Date

Parent or guardian's signature for students under 18 years of age