

Adelphi University Insurance Information

Athlete's Name _____ Student ID# _____ SS# _____
Address _____ Home Phone _____ Cell Phone _____
City/State/Zip _____ Sport _____ DOB _____

Do you or your parents have medical insurance? Circle Y N

If yes, does your insurance company require a referral before consulting a specialist? Y N

Name of Insurance Company _____

Insurance Company Address _____

Insured Name _____

Policy/I.D. _____

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 OVERPAYMENT. THE RESPONSIBILITY OF SUCH OVERPAYMENT WILL BE THE OBLIGATION OF THE UNDERSIGNED TO REIMBURSE IN FULL, UPON REQUEST, ALL AMOUNTS DEEMED REFUNDABLE.

Student Signature _____ Date _____

Parent/ Guardian (if a minor) _____ Date _____

AFFILIATION STATEMENT

Adelphi University has an affiliation with specific doctors, including an orthopedist and podiatrist. If you are injured and need to see a doctor, see a member of the athletic training staff first and they can assist you in setting up an appointment. If you would like to see another doctor you may do that only with the knowledge and consent of the athletic training staff. Adelphi University will not be responsible for any cost associated with an unapproved doctor visit.

I have read and understand the affiliation statement above.

Student Signature _____ Date _____

Parent/Guardian _____ Date _____

