

**University of Iowa Student Health
INSURANCE INFORMATION**

Name _____
Birth Date _____
Student ID# _____

****PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD****

I. Employer of Policyholder: _____

Primary Policyholder Information:

Name of Policyholder: _____

Address of Policyholder: _____
(Street) (City) (State) (Zip)

Phone of Policyholder: (____) _____ -- _____

Birth Date of Policyholder: ____/____/____

Relationship to Patient: Self Spouse Partner Father Mother Other _____

Primary Insurance Information:

Insurance Company: _____

Address of Insurance Co: _____

Phone Number(s): (____) _____ -- _____ ; (____) _____ -- _____

Policy Number: _____

Group Number: _____

****Do you have other health insurance?** Yes No If yes, please complete the following information:

II. Employer of Policyholder: _____

Secondary Policyholder Information:

Name of Policyholder: _____

Address of Policyholder: _____
(Street) (City) (State) (Zip)

Phone of Policyholder: (____) _____ -- _____

Birth Date of Policyholder: ____/____/____

Relationship to Patient: Self Spouse Partner Father Mother Other _____

Secondary Insurance Information:

Insurance Company: _____

Address of Insurance Co: _____

Phone Number(s): (____) _____ -- _____ ; (____) _____ -- _____

Policy Number: _____

Group Number: _____

WE RECOMMEND THAT YOU HAVE YOUR INSURANCE CARD WITH YOU AT SCHOOL

Return completed forms with copies of the front and back of your insurance cards to Student Health:

- E-mail: student-health@uiowa.edu
- Fax: 319-335-7247
- Mail: University of Iowa Student Health, 4189 Westlawn, Iowa City, Iowa, 52242-1100

For additional information and further assistance, please call 319-335- 8376 during regular business hours or visit our website at <https://studenthealth.uiowa.edu/>