

**FLORIDA INTERNATIONAL UNIVERSITY
ATHLETIC TRAINING DEPARTMENT
INSURANCE VERIFICATION FORM**

Please use this worksheet designed for you to use when you call your insurance company. Use the blank lines to answer the questions. Please return this form (filled out) to the Florida International University Athletic Training Room in the enclosed envelope.

Florida International University Athletic Training has found athletes with HMO or Managed Health Care Plans will have problems with their insurance coverage while they are in Miami. To maximize your benefits and ease in the care of your student-athlete, while he/she is away at school, Florida International University Athletic Training is asking for your assistance in contacting your insurance company and your employer's benefits provider **NOW** to determine eligibility and coverage in the Miami area.

Student-Athlete Name _____ DOB _____ SSN: _____

Insurance Company _____ Phone _____

Policy # _____ Group # _____

Type Name (HMO/PPO) _____ Effective Dates _____

- | | | |
|---|-----|----|
| 1. Does my insurance cover athletic injuries? | Yes | No |
| 2. Does my insurance cover my son/daughter in Miami? | Yes | No |
| 3. Do I need to provide certification that my student-athlete is a full-time college student in order for them to be covered under my insurance plan? | Yes | No |
| If YES, how often must this be done? _____ | | |
| What is acceptable to prove full-time status? _____ | | |
| 4. Do I need a referral for office visits to specialists? | Yes | No |
| 5. Do I need referrals, authorization or precertification for outpatient medical testing (i.e. x-rays, MRI, bone scans, CT scans, labs)? | Yes | No |
| 6. Am I required to assign a primary care physician in Miami? | Yes | No |
| If YES, is Dr. Michael Diamond (305)279-2256 or Dr. Steve Pabalan (305)665-6926, a participating provider? | | |
| If NO, are there any primary care providers in Miami that are participating providers? | | |
| _____ | | |
| 7. Do I have out-of-network benefits? | Yes | No |
| 8. Is there a deductible on my insurance plan? | Yes | No |
| If YES, how much? _____ | | |

****If for any reason your insurance gets terminated or there are any changes in your coverage you must notify us immediately. Failure to do so may result in you incurring out-of-pocket expenses. If you have any questions, please feel free to contact us at 305-348-2759. ****

Please sign and date that the student-athlete's insurance policy has been verified.

Signature _____

Date _____

Print Name _____