

MICHIGAN TECH UNIVERSITY INJURY REPORT

HEALTH CLAIM TRANSMITTAL

2011-126-8

| INSURED INFORMATION | | | | |
|--|--|---|------------------|----------------------------------|
| Last Name: | | First Name: | | Middle Initial: |
| Student Insurance ID# or Social Security#: | | Home phone #: | | Birth date: |
| Name of Sport Playing While Injured: | | () | | / / |
| Street address: | | P.O. box: | City: | State: ZIP Code: |
| PATIENT INFORMATION (IF DIFFERENT FROM ABOVE) | | | | |
| Last Name: | | First Name: | | Middle Initial: |
| Street address: | | City: | | State: |
| P.O. box: | | ZIP Code: | | Birth date: |
| Patient's relationship to student: | | | | |
| <input type="checkbox"/> Self | | <input type="checkbox"/> Spouse | | <input type="checkbox"/> Child |
| ACCIDENT INFORMATION | | | | |
| <input type="checkbox"/> IC Sport Accident: | | <input type="checkbox"/> Club Sport Accident: | | Date Occurred: |
| Details of Accident: | | | | |
| INJURY INFORMATION | | | | |
| How did the injury occur? | | | | |
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| Have you suffered the same or a similar condition in the past? | | | | |
| If Yes, and if you were treated for it, please give the name and address of the physician who treated you. | | | | |
| Physician's Name: | | Physician's Address: | | Date Treated: |
| I HEREBY AUTHORIZE ANY PHYSICIAN, HOSPITAL, OR OTHER MEDICAL PROVIDER TO RELEASE ANY INFORMATION REGARDING THE MEDICAL HISTORY, TREATMENT, OR BENEFITS PAYABLE FOR THIS CLAIM TO UNITEDHEALTHCARE INSURANCE COMPANY. A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL. | | | | |
| Insured's Signature: | | | Date of Release: | |
| OTHER INSURANCE INFORMATION | | | | |
| (If the patient is covered by another insurance plan, please complete the following.) | | | | |
| Name of person carrying other insurance: | | Subscriber # or Social Security#: | | Name of other insurance carrier: |
| Other Insurance Policy #: | | Other Insurance Phone #: | | Policy Holder Date of Birth: |
| ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY MISREPRESENTATION OR ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF CRIMINAL ACT PUNISHABLE UNDER LAW AND MAY BE SUBJECT TO CIVIL PENALTIES. | | | | |

Insured's Signature:

Date: