

Spelman College Insurance Appeals and Verification Form

Copies of Insurance policies are not acceptable.

Spelman College requires all full-time students to maintain health insurance providing coverage for in-patient and out-patient, mental health, as well as catastrophic illness and injury. Students may satisfy the insurance requirements through private or employer sponsored plans that meet certain minimum criteria or through enrollment in a group insurance plan. **"NO" Insurance Appeals and Verification Forms will be accepted after the annual 2014 deadline of July 31, 2014 or spring 2015 waiver deadline of March 30, 2015.**

Please note: Students with Tricare Insurance should submit this Verification Form along with a copy (front and back) of your ID card to the fax number below.

Section I (To be provided by Student)

Student Name: Last: _____ First: _____ Phone Number: _____

Student ID: _____ Email Address : _____

Student Address: _____

City: _____ State: _____ Zip: _____

I acknowledge that I am responsible for payment of all fees for medical and mental health treatment not covered by my health insurance plan (including but not limited to deductibles, copays, coinsurance and the expenses above my policy maximums and benefit limits). I understand that some health facilities, including the Student Health Center, may require payment at the time treatment is provided.

Signature: _____

Section II (MUST be completed by an Insurance Company Representative)

Name of Insurance Company: _____

Member Name: _____ Member ID Number: _____

Group Number: _____ Policy Number _____

Effective Date: _____ Expiration Date: _____

- Plan is currently active and will provide health insurance coverage throughout the entire August 2014- August 2015 academic policy year.
- Plan covers inpatient medical and mental health care within the Atlanta, GA area (Emergency only coverage does not satisfy this requirement)
- Plan provides out-patient care in the Atlanta, GA area (including office visits, out-patient mental health care and ancillary procedures). Coverage for emergency-only care does not satisfy this requirement.
- Plan offers Unlimited coverage.
- Plan is provided by a company licensed to do business in the United States with a U.S. claims payment office and U.S. phone number.
- Plan provides coverage for pre-existing conditions.
- Plan provides coverage for prescriptions drugs.

REQUIRED: Insurance Carrier Signature

Insurance Carrier Phone Number

Please Return To:

Consolidated Health Plans

ATTN: Spelman Account Management Dept.

FAX (413) 747-8418 or

Email: sales@chpemail.com

"NO" Insurance Appeals and Verification Forms will be accepted after July 31, 2014 for annual 2014 and March 30, 2015 for spring 2015 waiver appeals.