

BOSTON COLLEGE

University Health Services
140 Commonwealth Ave Chestnut Hill, MA 02467
Phone: 617-522-3225 | Website: bc.edu/UHS
Send us a message: uhs@bc.edu.

Insurance Demographic Information

Insurance Alert: It is *your responsibility* to provide accurate and thorough information regarding your insurance. Failure to do so may result in a bill from any medical services outside of University Health Services sent to the Policy Holder.

There may still be a co-pay/deductible requirement that must be paid depending on individual insurance plans or charges for out-of-network services, which will be your responsibility.

These services are provided by outside medical services and NOT Boston College. Payment for these services will be processed through individual insurance companies, and the student/Policy Holder is responsible for payment of any remaining balance.

By completing this form, you acknowledge the above information.

Please be sure to copy all insurance accurately from your insurance card to avoid unnecessary billing issues.

Student Name: _____ Eagle ID #: _____

Student Signature: _____ Date: _____

Student Home Address

Street Address: _____ Apt/Suite: _____

City/Town: _____ State: _____ Zip Code: _____ Country: _____

Cell Phone #: _____ Email: _____

Insurance Information/ Policy Holder Information

Name of Policy Holder: _____

Relationship to Student:

- Self Spouse
 Parent/Guardian Other: _____

Street Address: _____ Apt/Suite: _____

City/Town: _____ State: _____ Zip Code: _____ Country: _____

Cell Phone #: _____ Email: _____

Insurance Company: _____ Insurance Policy #: _____

Group #: _____ Insurance Company Phone: _____

Insurance Company Address: _____

Health Insurance Sponsored through Boston College.

(This number will be provided by the start of the semester.)

SR ID #: _____