



Rhodes College

STUDENT HEALTH CENTER

HEALTH INSURANCE INFORMATION FORM

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All Rhodes students are required to have medical insurance coverage.

As proof of coverage, please upload legible copies of the front and back of your insurance card to the Medicat link below.

Form must be submitted by JUNE 30. All information must be in English.

Upload to <https://patient-rhodes.medicatconnect.com>

Student's Social Security Number _____

Student's First Name _____ Student's Preferred Name _____

Student's Last Name _____ Gender Identity _____

Student's Cell Phone Number _____ Birthdate _____ Sex _____

mm/dd/yyyy

Please check one Pronoun: she/her he/him they/them she/they he/they

Rhodes ID Number _____ Rhodes Email _____

Parent/Guardian _____ Parent/Guardian _____
First Name Last Name

Home Phone _____ Parent/Guardian Cell Phone _____

Home Address _____
Street

Home Address _____
City State Zip

Primary Insured _____ Primary Insured _____
First Name Last Name

Primary Insured Birthdate _____ Health Insurance Company _____
mm/dd/yyyy

Insurance Group Number _____ Insurance Policy Number _____
(Member ID)

Please list the student policy number if the student has a separate insurance card.

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