



## Health Insurance and Registration Form

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All Rhodes students are required to have medical insurance coverage.

**As proof of insurance coverage, please upload legible copies of the front and back of your insurance card along with this form to the Student Health Center's Medica link below.**

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

**Forms must be submitted by June 30, 2025.**

**All information must be in English.**

Student's First Name: \_\_\_\_\_ Student's Preferred Name: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (mm/dd/yyyy)

Gender Identity: \_\_\_\_\_ Sex: \_\_\_\_\_

Please Check One Pronoun:      she/her      he/him      they/them      she/they      he/they

Rhodes ID Number: \_\_\_\_\_ Rhodes Email: \_\_\_\_\_

Student's Cell Phone Number: \_\_\_\_\_

#1 Parent/Guardian Information: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#2 Parent/Guardian Information: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Home Address: \_\_\_\_\_ (Street)

Primary Home Address: \_\_\_\_\_ (City) State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Insured First and Last Name: \_\_\_\_\_

Primary Insured Birthdate: \_\_\_\_\_ (mm/dd/yyyy)

Health Insurance Company: \_\_\_\_\_

Insurance Group Number: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

**(Please list the student's policy number if the student has a separate insurance card.)**

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**UPLOAD FRONT OF CARD HERE**

**UPLOAD BACK OF CARD HERE**