

Student Health Center

601 University Drive
San Marcos, Texas 78666-4616
Phone: 512-245-2161, Option 4. Fax: 512-245-1677
Email: healthcentercashier@txstate.edu

Insurance Information

Student/Patient Name: _____

Texas State Student ID: _____

Name of Insured (Policy Holder): _____

Relationship of Patient to Insured (Circle One):

Self Child Spouse Other: _____

Insured's Date of Birth: _____

Insured's Address: _____

City, State, Zip: _____

Insurance Company: _____

Insurance Address: _____

City, State, Zip: _____

Insurance Phone Number: _____

Insurance ID #: _____

Insurance Group #: _____

*****Please email or fax front and back copy of insurance card with this form*****

ATTENTION: Payment is due in full from the patient at the time of service. The above insurance information will be used to submit a Courtesy Claim on your behalf and any reimbursement will be sent to the insured.