



STUDENT HEALTH SERVICES
TEXAS WOMAN'S UNIVERSITY

303 Administration Drive, Denton, TX 76204

940.898.3846

insurance@twu.edu

INSURANCE INFORMATION

Student/Patient Name: _____

TWU 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 Phone Number: _____

Insurance ID #: _____

Insurance Group: _____

***Please submit front and back copy of insurance card with this form.