



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.