



WESTERN
ILLINOIS
UNIVERSITY

Western Illinois University Student Claim Form

If you need assistance completing this form, please contact the Student Insurance Office.

Please return completed form to:

Student Health Insurance Staff
1 University Circle Lower Level / Beu Health Center
Macomb, IL 61455
PH: (309) 298-1882
Fax: (309) 298-2363
TT: (309) 298-1856 (For the Hearing Impaired)

1. Name of Student _____ Student ID # _____
Address _____

2. When did symptoms first appear or accident happen? _____

3. What is the date of the medical emergency? _____

4. What is the injury or sickness? _____

5. If this is for an injury, describe how and where accident occurred. Give complete details:

6. Did injury occur while working? _____

7. If injured during practice or play of sports, what type of sport was involved? (Check one.)
 Intramural Interscholastic Other _____

8. Name and Address of Doctor Seen for This Claim _____

9. Do you have other insurance besides WIU Student Insurance? Yes No

**CLAIMS MUST BE SUBMITTED WITHIN 12 MONTHS FROM THE DATE OF SERVICE
TO BE CONSIDERED UNDER THIS PLAN.**

Upon presentation of the original or photocopy of this signed authorization, I authorize any medical professional, hospital, clinic, or other medical or medically related facility, government agency, or other person or firm to provide information, including copies of records, concerning advice, care, or treatment provided to me, including, without limitation, information related to mental illness or use of drugs or alcohol, to Western Illinois University Student Insurance representatives or CTI Administration representatives involved in evaluating, determining, or administering claims for insurance benefits for me. I understand that I or any authorized representative will receive a copy of this authorization upon request.

This authorization is valid from the date signed through the term of coverage of the policy or during the period to process the claims.

Signature _____ Date _____

IMPORTANT: PLEASE ATTACH ALL ITEMIZED BILLS.
http://www.wiu.edu/student_services/beu_health_center/insurance.php