

RHODES COLLEGE HEALTH INSURANCE INFORMATION FORM

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All Rhodes students are required to have medical insurance coverage.

As proof of coverage, please place a legible copy of the front and back of your insurance card below.

Form must be submitted by JUNE 15

All information must be in English

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

Student's Name _____ Sex _____
Last First Middle

Birthdate _____ Preferred pronouns _____ Gender identity _____

Rhodes ID Number _____ Student's Cell Phone Number _____

Parent's Name _____

Home phone _____ Parent's Cell phone _____

Home Address _____
City State Zip

FRONT

BACK