



**THE UNIVERSITY OF ALABAMA
AT BIRMINGHAM
MEDICAL CENTER STUDENT HEALTH**

**Student Health Services
933 South 19th Street
Suite 301
Birmingham, AL 35294-2041**

WAIVER OF MEDICAL CENTER STUDENT’S ACCIDENT AND SICKNESS INSURANCE PLAN

STUDENT ID/SOCIAL SECURITY: _____

SEMESTER BEGINNING: <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer Semester <input type="checkbox"/> Other _____		
LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER:	SCHOOL OR COLLEGE IN WHICH YOU ARE ENROLLING (CHECK ONE): <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optometry <input type="checkbox"/> Nursing <input type="checkbox"/> Health Related Professions <input type="checkbox"/> Public Health <input type="checkbox"/> Graduate (Degree Seeking) <input type="checkbox"/> International Student <input type="checkbox"/> International Scholar	

My signature below acknowledges...

1. I have major medical insurance coverage other than VIVA HEALTH student plan that meets the minimum standards*.
2. I understand that UAB Student Health does not offer “billing services” for insurance payments (we will provide information such as diagnosis and procedure codes/charges that you can use to submit an insurance claim).
3. Labs, pap smears, X-rays, prescriptions and referrals ordered by Student Health providers are not covered by Student Health and will be my responsibility to pay (the UAB laboratory and X-ray departments may file my insurance but I will be responsible for any charges not covered by my insurance)
4. I agree to notify Student Health Service when there is a change of insurance.

Signature

Date signed

*Minimum standards to qualify for waiver of major medical student insurance plan through VIVA HEALTH:

1. Physician and hospital coverage with providers in Alabama
2. Minimum of \$1 million lifetime maximum
3. Transplant coverage

Major Medical Coverage Company Name

Policy #

Name of Insured

Relation to Student