



Date: _____

_____ has been referred to _____
for medical care. He / She is a student from Texas College.

The student-athlete has _____ as their primary insurance/personal insurance (please see attached sheet). Please file the claim on this insurance first. Texas College has a secondary / athletic insurance policy. **AFTER** the primary insurance policy has paid send a Health Insurance Claim Form or UB with the EOB from the primary insurance to:

AG Administrators, Inc. Po Box 979, Valley Forge, PA 19482

Phone: 610-933-0800 Fax: 610-933-4122

The student-athlete has NO primary/ personal insurance. Texas College has a secondary/athletic policy that becomes this athlete's primary insurance. Please send a Health Insurance Claim Form or UB to:

AG Administrators, Inc. Po Box 979, Valley Forge, PA 19482

Phone: 610-933-0800 Fax: 610-933-4122

Authorized By:
