



Rochester Institute of Technology
National Technical Institute for the Deaf
Communication Studies and Services Department
52 Lomb Memorial Drive, Rochester, NY 14623
585-475-6473

INSURANCE REGISTRATION AND FINANCIAL UNDERSTANDING FORM

RIT is not a Medicare or Medicaid Provider

Name: _____

Date of Birth: _____

Name of Policy Holder: _____

Policy Holder Address: _____

Birthday of Policy Holder: _____

Insurance Name: _____ Insurance ID#: _____

Rochester Institute of Technology (RIT) is contracted with Blue Cross & Blue Shield.

RIT will submit a claim to your insurance carrier on your behalf regardless of their contract status. RIT will accept the terms of your insurance plan as indicated on the Explanation of Benefits (EOB). You will be financially responsible for any unpaid balance including, but not limited to deductibles, coinsurance, and/or non-covered services as determined by your insurance plan.

I authorize the release of my health record to my insurance carrier as necessary for processing my claim.

I understand that RIT is not a Medicare or Medicaid provider.

I am responsible for any unpaid balance.

Signature: _____

Date: _____