

Insurance Information

Personal Information

Student Name				Birthday	
Name of Person Insurance is under				Insurer's Birthday	
Street Address		City	State (abbr.)	Zip	Home phone

Primary Insurance Information

Insurance Company	Insurance Company Address		City	State	Zip
Employer Name	Employer Address		City	State	Zip
Insurance Company Phone	Employer Phone	Employee ID#	Plan Number	Policy Number	

Is your medical coverage through a Health Maintenance Organization (HMO)? Yes No
 Is a referral needed? Yes No If yes, best number to call for referral? _____

Is your medical coverage through a Preferred Provider Organization (PPO)? Yes No
 Is a referral needed? Yes No If yes, best number to call for referral? _____

It is the student's and/or parent's responsibility to obtain any needed referrals. All students are responsible to know how their insurance works in this area and how to obtain a referral. They will need their own insurance card or a copy.

Please attach a copy of your insurance card (front and back).

Parent/Guardian Signature _____ Date _____