

# 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 \_\_\_\_\_