



Health Insurance Information

Student Name: _____

We ask that you fill this form out carefully, accurately, and neatly! This information will be shared only with HMI personnel, consulting and treating medical personnel, pharmacies, and other individuals working with HMI. Otherwise, HMI attempts to keep the information confidential.

Our Medical Advisor, Dr. Lisa Zwerdinger, and her partners treat our students when they need medical care. In order to facilitate a possible visit to the St. Vincent Clinic or another emergency room, please fill in the information below. Please note that all students participating in HMI programs must have health insurance. In addition to providing the following information, please bring any necessary paperwork.

PLEASE PRINT NEATLY

Health Insurance Information

Person Responsible for Fees Relationship

Telephone #

Address City State Zip Insurance Company

Claim Address

Claim Phone # Subscriber's Name

Subscriber's Date of Birth

Insurance ID # Group #

Will your health insurance cover out-of-state visits to the doctor's office?

Will your health insurance cover out-of-state emergency/urgent care?

Prescription or Drug Card Information

Name of Prescription Processor

Prescription ID # Prescription Person Code

RX Bin: RX PCN: RX Group:

Allergies to medications:

Please include a photocopy, front, and back, of all relevant insurance cards. If there is any other Insurance Information that would be helpful, please attach additional pages



Dental Insurance Information

Dental Insurance Company
Dental Ins. Claim Address
Dental Insurance Claim Phone #
Dental Insurance Subscriber's Name
Subscriber's Date of Birth
Dental Insurance ID #
Dental Insurance Group #

Please include a photocopy, front, and back, of all relevant insurance cards. If there is any other Insurance Information that would be helpful, please attach additional pages

Emergency Contact Information

Name: Relationship:
Telephone # 1: Telephone # 2:
Address:

Who should we contact if the person above cannot be reached?

Name: Relationship:
Telephone # 1: Telephone # 2:
Address:

