

Insurance Status

Site ID#

Today's Date

UPDATE

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Student Name (Last, First, MI)

Student ID #

Private Insurance Information: Charges to HMO/Private Insurance

We are requesting this information in order to bill your insurance company for services. There will be no direct billing to you. If your insurance does not cover the cost of the services, **you will not be billed.**

If you have **private insurance**, please provide the following information:

(example: BlueCross BlueShield, Medica, Health Partners, MHP, Preferred One)

Name of Insurance Company: _____

Policy Number: _____

Subscriber or Group Number: _____

Name of Insured: _____

Medical Assistance (MA) Insurance Information

Check one if you are on any of the following Medical Assistance (MA) Health:

Medical Assistance Plans

- _____ Medical Assistance
- _____ Health Partners
- _____ Medica
- _____ MHP
- _____ U-Care

- _____ Assured Care
- _____ GMAC

Minnesota Care Health Plans

- _____ Health Partners
- _____ Medica
- _____ MHP
- _____ U-Care

Please provide the following:

Social Security Number: _____

Insurance Policy Number: _____