MINNEAPOLIS SCHOOL BASED CLINICS program

Insurance Status

A program of the Minneapolis Department of Health & Family Support

Site ID# ☐☐

Today's Date ☐☐ / ☐☐ / ☐☐

UPDATE ☐

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:_____