



Health Insurance Information (Side One)

Student Name _____ Gender: M F

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 Rocky Mountain Family Practice 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, IN INK!

Health Insurance Information

Person Responsible for Fees _____ Relationship _____

Telephone # _____ Work Telephone # _____ Other Tel # _____

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***





Health Insurance Information (Side Two)

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: _____

