



## Insurance Information

Add all Policy Holder's Information

Policy Holder's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ S.S#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Company Phone: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_ Policy Holder's Employer: \_\_\_\_\_

Do you have Dual Coverage? No  Yes  If Yes,

Policy Holder's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ S.S#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Company Phone: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_ Policy Holder's Employer: \_\_\_\_\_

## Signature

I understand that the information that I have provided is correct to the best of my knowledge, that it will be held in the strictest of confidence and it is my responsibility to inform this office of any changes in my child's medical status.

I hereby authorize the release of any information related to information claims. I consent to the examination by I understand that where appropriate that where appropriate, credit bureau reports may be obtained.

Name: \_\_\_\_\_ Date: \_\_\_\_\_