

**HEALTH INSURANCE INFORMATION FORM FOR EXPANDED MEDICAL SERVICES**  
**Maranacook School-Based Health Center 2019-2020**

Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Health Insurance Company** (e.g. Anthem, MaineCare, Aetna, etc.): \_\_\_\_\_

**Health Insurance Company Address:** \_\_\_\_\_

Plan Type (e.g. HMO, PPO, POS): \_\_\_\_\_

Does your plan have a high deductible that you need to meet before acute medical visits will be covered?  
Yes \_\_\_ No \_\_\_ Not sure \_\_\_

Effective Date of Insurance (when did coverage begin?): \_\_\_\_\_

**Subscriber's Name (whose policy is this?):** \_\_\_\_\_

**Subscriber's Date of Birth:** \_\_\_\_\_ **Subscriber's Social Security Number:** \_\_\_\_-\_\_\_\_-\_\_\_\_

**Health Insurance Policy Number:** \_\_\_\_\_

**Health Insurance Group Number:** \_\_\_\_\_

**Employer** (e.g. Saunders Manufacturing, State of Maine, CMP, etc.): \_\_\_\_\_

Please complete these forms by **September 16, 2019** and return to:  
**School-Based Health Center** in high school or **Wellness Center** in middle school

If you have any questions about these forms or about billing, please contact: Health Center director at 685-4923 x1019
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