

INSURANCE INFORMATION FORM

TRUMAN STATE UNIVERSITY - STUDENT HEALTH CENTER

PLEASE COMPLETE, AT LEAST, THE AREAS INDICATED WITH RED PRINT.

Patient Name (Last, first, middle initial)	Sex M F	Date of Birth	TSU ID # or SS #
Local/Campus Address	City/State	ZIP	Telephone No.
Employer Name	Employer Telephone No.		
Employer Address (No. and Street, City, State and Zip)			
Spouse's Name	Spouse's Employer Name	Employer Tel. No.	
Emergency Contact Name	Relationship	Telephone No.	
Is this work related? Yes No	Date Injury Occurred?		

MEDICARE OR MEDICAID INSURANCE INFORMATION

Do you have Medicare? Yes No	Is this an Auto Accident? Yes No	Telephone # of Agent
Do you have Medicaid? Yes No	Name and Address of Auto Insurance	Policy No.
Medicare No. Date effective thru?		

PRIMARY INSURANCE

Insurance Company Name	Name of Insured (Policy Holder)	Date of Birth of Insured
Company Address	City/State	ZIP
Group No.	Insured's I.D./Certificate No.	
Relationship of Patient to Insured Self Spouse Child Other	Social Security Number of Policy Holder	

SECONDARY INSURANCE

Company Name	Name of Insured	Date of Birth of Insured
Company Address	City/State	ZIP
Group No.	Insured's I.D./Certificate No.	
Relationship of Patient to Insured Self Spouse Child Other	Social Security Number of Policy Holder	

BILLING

As a service to you, our charges will be filed with your insurance company by our billing service.

PROVIDE YOUR INSURANCE CARD TO THE PERSON AT THE FRONT DESK

AUTHORIZATION FOR DISCLOSURE TO INSURANCE

I hereby authorize the health center indicated above to furnish information to insurance carriers concerning my illness, condition and treatment, and I hereby irrevocably assign to the physician/health center all payments for medical services rendered to myself or my dependents. I understand that I am financially responsible and any charges not paid at time of service may be charged to my university account, unless billed to my insurance. Co-pays & any remaining balances will be charged to my university account after my insurance claim has been processed.

SIGNATURE _____ **DATE** _____