



PATIENT INSURANCE INFORMATION

Patient Name _____ **WSU ID** _____ **M/F:** _____
Date of Birth _____ **Phone** _____
Local Address _____

May we contact you by email regarding this form? Yes No email: _____

(Please complete ALL information below)

PRIMARY MEDICAL INSURANCE INFORMATION

Insurance Company: _____ **Phone No:** _____
 ID/POLICY# _____ Group # _____
(Include alpha prefix)
 Subscribers Name (i.e. Parent/Guardian/Self) _____
 Gender M ___ F ___ Subscribers Date of Birth _____
 Subscribers Address _____
 Subscribers Phone _____
 Subscribers Employer _____
 Relationship to Subscriber: Self Child Spouse Other

SECONDARY MEDICAL INSURANCE INFORMATION

Insurance Company: _____ **Phone No:** _____
 ID/Policy# _____ Group # _____
(Include alpha prefix)
 Subscribers Name (i.e. Parent/Guardian/Self) _____
 Gender M ___ F ___ Subscribers Date of Birth _____
 Subscribers Address _____
 Subscribers Phone _____
 Subscribers Employer _____
 Relationship to Subscriber: Self Child Spouse Other

Financial Agreement and Release of Information

I certify that I have sought medical services from Health & Wellness Services at WSU. I authorize payment to be made to Health & Wellness Services and if my medical insurance requires that I acquire authorization from the insurance company or another physician and/or whatever reason, Health & Wellness Services does not receive the proper authorization, I agree to accept full financial responsibility for the services received. I authorize Health & Wellness Services to furnish my insurance company any information reasonably necessary to assist the insurer in making correct payment for services.

If I do not have proof of insurance coverage at the time services are rendered, I understand that payment is due at the time of service, or will be billed to my student account. I will promptly pay all amounts that have been determined my responsibility by my insurance carrier. I understand that I am financially responsible to Health & Wellness Services for any charges incurred.

 Patient's Signature Date