

# Medical Insurance Information

**We do not take Dental, Vision, or Medicaid cards**

**We do not file Tricare**

Student Name: \_\_\_\_\_

Bear Pass Number: \_\_\_\_\_

Is this a change of insurance from what we have on file: Yes \_\_\_ No \_\_\_

Name of Primary Insurance: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

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

City and State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Is the Policy Holder your: Mother\_\_\_ Father\_\_\_ Other\_\_\_\_\_

Name of Secondary Insurance: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

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

City and State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Is the Policy Holder your: Mother \_\_\_ Father \_\_\_ Other\_\_\_\_\_

**Please bring this filled out with your insurance card**