

# Magers Health and Wellness Center

## Medical Insurance Information

(We do not take Dental, Vision, or Medicaid cards)

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

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

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

If this is a change of insurance, when did it go into effect? \_\_\_\_\_

**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**