# INSURANCE INFORMATION

***Please return the following information with a copy of both the front and back of your medical insurance card within 14 DAYS.***

**Mail:**

Watkins Health Services
Business Office
1200 Schwegler Drive
Lawrence, KS 66045

**Fax:**

Watkins Health Services
Attn: Business Office
Fax: 785-812-0213
Phone: 785-864-9520

**Email:**

whsbo@ku.edu

**Please note:**
While Watkins Health Services allows this form to be submitted electronically, the security of emailed health information cannot be guaranteed.

## Patient Information

*Place label here or write in if unavailable*

Name ____________________
(printed)

KUID#__________ Date of Birth: __________

Patient Billing Address ____________________

City __________ State__________ Zip Code __________

## Policy Information

Insurance Company Name ____________________

Insurance Company Address____________________

City __________ State__________ Zip Code __________

Does your insurance have a specific lab requirement?

NO Do not know YES — Please specify Lab name:__________

Member ID#__________ Group # __________

Policyholder Name ____________________

Policyholder Date of Birth__________ Relationship*__________ Male Female
(*Typically your Parent, Guardian or "Self")

Policyholder Street Address ____________________

City __________ State__________ Zip Code __________

First date of service to be billed__________ (Date of any prior services you would like billed to your Insurance)

**—— PLEASE NOTE ——**

1. You must contact your insurance company directly to determine how your specific plan processes and pays for services rendered at Watkins Health Services.
2. Insurance referral – If your insurance company requires pre-approval for services at Watkins Health Services, it is YOUR responsibility to provide that approval PRIOR to chargeable services being rendered. Unapproved charges will be YOUR responsibility.
3. We DO NOT accept Medicare, Medicaid plans or plans underwritten by health insurance companies based outside of the United States.