



**Insurance Information
(Medicaid, Blue Cross Blue Shield, Sanford Health etc.)**

Client Name		Date of birth
Health Insurance Company		
Insurance ID number	Group number	
Policy holder name (if other than self)		

<input type="checkbox"/>	I do NOT have any insurance (I use IHS services for my healthcare needs)
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<input type="checkbox"/>	I have applied for Medicaid	Date
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AUTHORIZATION OF RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS

This document does not obligate an individual to receive services.

I understand that should I receive services, my signature on this document implies that it will be treated as a contract.

I understand and agree to allow information to be released on my behalf to my insurance company for the purposes of billing claims (to facilitate third party payment) for services that I receive.

I may be responsible for any amount not paid by the insurance company, as allowed by provider contract.

I hereby authorize payment of benefits from my insurance company to be made directly to United Tribes Technical College – Lewis Goodhouse Wellness Center.

Signature of Client/Guardian

Date