2015 / 2016
PENDLETON SCHOOL BASED HEALTH CENTER

Insurance Information

School Health Centers are funded through third-party insurance, Medicaid, grants, and local support. Providing us with your insurance information allows us to bill your insurance and continue to provide the services to as many students as possible.

Families with no health insurance or who do not provide insurance information are referred for screening to see if they qualify for the Oregon Health Plan or other insurance programs. This coverage could fully insure your child for medical, dental, and emergency services. We strongly encourage you to apply for this valuable coverage.

If your insurance company sends a payment check directly to you, please endorse it to Umatilla County Public Health Department and bring or send it to your school health center.

If your insurance company does not pay for all or part of the cost you are not responsible for any out-of-pocket expenses for services received at the School-Based Health Center.

Today's Date:_____

Student's Last Name: _____ **First Name:** _____ **MI:** ___

Date of Birth: _____

****Please let us make a copy of your insurance card or bring us a current copy****

Oregon Health Plan / EOCCO

Policy/ID Number: _____

Private Insurance Coverage

Name of Insurance Company:_____ **Effective Date:** _____

Company/Claim Address: _____

Insurance Company Phone Number: _____

Policy / ID Number: _____ **Group Number:** _____

Name of Insured Person: _____ **Date of Birth:**_____

Relationship to Student: _____

Does the student have secondary insurance? ☐ Yes ☐ No

I authorize the release of any medical and protected health information necessary to process this claim and authorize payment of medical benefits for services by the Pendleton School Based Health Center. Insurance will be billed for services provided at the School Based Health Center. Any services provided outside of the School Based Health Center (such as pharmacy, radiology, or labs) are the responsibility of the parent and/or guardian.

Pendleton School Based Health Centers are required by law to maintain the privacy of your health information. A copy of the Notice of Privacy Practices is available at http://www.umatillacounty.net/health/SBHC/PrivacyPracticesEnglish.pdf I understand the SBHC has the right to change this Notice at any time. A current copy is available upon request by contacting the School Based Health Center.

Signature: _____ **Relationship:** _____ **Date:** _____