

Sindecuse Health Center
Division of Student Affairs
Patient Insurance Information

THIS FORM MUST BE COMPLETED FOR SINDECUSE HEALTH CENTER TO BILL YOUR INSURANCE

PATIENT (Please print)

Name _____ WIN # _____
Date of birth (MM/DD/YY) _____ Sex: M F
Local address _____ Phone (____) _____
City _____ State _____ ZIP _____

PRIMARY INSURANCE

POLICY HOLDER INFORMATION

Name _____
Date of birth _____ Sex: M F Relationship to patient _____
Street address _____ Phone (____) _____
City _____ State _____ ZIP _____
Employer _____

INSURANCE INFORMATION

Insurance company name _____
Claim submission address _____
Contract/Policy # _____ Group # _____

**IF YOUR PRIMARY OR SECONDARY INSURANCE PLAN IS MEDICARE, MEDICAID, OR TRICARE,
PLEASE PROVIDE US WITH YOUR SECONDARY INSURANCE INFORMATION BELOW**

SECONDARY INSURANCE

POLICY HOLDER INFORMATION

Name _____
Date of birth _____ Sex: M F Relationship to patient _____
Street address _____ Phone (____) _____
City _____ State _____ ZIP _____
Employer _____

INSURANCE INFORMATION

Insurance company name _____
Claim submission address _____
Contract/Policy # _____ Group # _____

I authorize Sindecuse Health Center to furnish information to my insurance carrier concerning my illness and treatments.

Patient (or Guardian) Signature

Date

Medicare Recipient:

I request that payment of authorized Medicare benefits be made on my behalf for services furnished me by Sindecuse Health Center. I authorize them to release medical information to the Center for Medicare and Medicaid Services or its agents any information needed to determine these benefits or the benefits payable for related services.

Patient Signature

Date

Mail this form to: Sindecuse Health Center, Western Michigan University, 1903 W. Michigan Avenue, Kalamazoo, MI 49008-5445

HEALTH INSURANCE

Western Michigan University requires all **international students** to carry insurance to cover medical expenses while in the United States. If you bring an insurance policy with you, the policy must be translated into English and cover you through August each year. The *minimum insurance* coverage must be \$50,000 with a deductible no higher than \$500. The insurance policy must be taken to the Health Center for approval each year. An insurance policy is available through Western Michigan University. CELCIS students please see CELCIS Chairperson.

We recommend **all students** have major medical health insurance for unforeseen illness and injuries. The student health fee provides for services at the Sindecuse Health Center at reduced rates but does not provide for any off-campus services. If you are in need of insurance coverage, the university offers an affordable plan. Call (269) 387-3266 for more information.

Every student should carry a copy of his/her **insurance card at all times**. Read and understand your insurance policy. If you belong to a health maintenance organization (HMO), check with your primary care provider to see if you can receive non-emergency health services from Sindecuse Health Center while at WMU.

The Health Center will submit patient charges to many insurance companies. We have negotiated contracts for participation (accepting payments from the insurance company) with several insurance carriers. Please refer to our Web site at www.sindecuse.com for the most current insurance information.