

Life Skills Recovery Ranch

Insurance Information:

Intern's Name: _____

Sponsor's Name: _____

Primary Insurance Holder: _____

Contact Numbers: _____

Primary's Social Security Number: _____ Date of Birth: _____

Insurance Company: _____

Member/Group ID: _____

Policy Number: _____

Copay Required: Yes or No Amount: _____

Credit Card (for copays or medical emergencies):

Card Type (visa, master, etc.): _____

Name on Card: _____

Credit Card Number: _____

Exp. Date: _____ CVS: _____ Billing Zip Code: _____

Signature of Authorization: _____

Signature of Primary Insurance Holder: _____