



Information:

Name: _____ Date of Birth: _____
 First Middle Initial Last

Billable Address:

Street _____
City _____ State _____ Zip Code _____

Phone: _____ Email Address: _____

Insurance Information:

Insurance Type:	Aetna	ASR	Blue Care Network
	Blue Cross Blue Shield	McLaren	Medicaid
	Medicare	Meridian	Molina
	Priority Health	Tricare	United Healthcare
	Other Insurance: _____		No Insurance (self-pay)

Policy Holder Name (if not self): _____ Policy Holder Birth Date: _____

Contract Number: _____ Group Number: _____

At this time we do NOT participate with **Non-Michigan Medicaid, UMR Beaumont Hospital, Humana** and **Narrow Network Priority Health** insurances. Payment is based per insurance plan not insurance type. Having an insurance card does not guarantee coverage. Please contact your insurance company with questions regarding coverages, deductibles and payments. For questions about statements or to pay a balance contact the GVSU Family Health Center at (616) 331-9830.
