

MEDICAID/INSURANCE INFORMATION SHEET

Child's Name: _____

Date of Birth: _____

MEDICAID:

_____ My child does not have a medicaid card.

_____ My child does have a medicaid card.

My child's medicaid number is _____
(Please attach copy of current medicaid card)

My child's social security number is _____

If your child does NOT have a medicaid card, please fill in the section below.

_____ I have checked with Westchester DDS to determine if my child can receive a medicaid card.

_____ I have not as yet checked with Westchester DDS to determine if my child can receive a medicaid card.

PRIVATE INSURANCE:

Carrier: _____

ID Number: _____

Group: _____

Address: _____

Phone: _____

Signature of Self
(Age 18 or older)

(parent or guardian)

Date