

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.

<u>PRIMARY PRIVATE INSURANCE:</u>	<u>SECONDARY PRIVATE INSURANCE:</u>
Carrier: _____	_____
ID Number: _____	_____
Group: _____	_____
Address: _____ _____	_____
Phone: _____	_____

_____ Signature of Self (Age 18 or older)	_____ (parent or guardian)	_____ Date
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