



## MEDICAL INSURANCE INFORMATION

Student Name: \_\_\_\_\_

**INSURANCE:** Motion41 Dance requires that all boarding students have comprehensive medical insurance, and that this information be provided each year.

Name of Subscriber: \_\_\_\_\_ Subscriber Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Is pre-authorization necessary for any type of treatment? Yes \_\_\_ No \_\_\_ Phone: \_\_\_\_\_

PRIMARY CARE PROVIDER: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please attach a photocopy of the front side of the insurance card; cut or placed **in the space below**. (Please do not attach a full page photocopy to this sheet.)

Front of Insurance Card Here

Please attach a photocopy of the back side of the insurance card; cut our placed **in the space below**. (Please do not attach a full page photocopy to this sheet.)

Back of Insurance Card Here

***\*A photocopy of this form shall be as valid as the original\****