



# INSURANCE INFORMATION

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*Adamah fellows are required to have health insurance. If you do not currently have health insurance, you can get an income-based plan including free Medicaid if you qualify.  
Visit [www.healthcare.gov](http://www.healthcare.gov) to sign up.*

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Do you have Health Insurance?

Yes  No

Please provide us with all of the following information on this form, along with a photocopy of your insurance card (both front and back), so we are able to help expedite any medical care you might need during your stay at Adamah.

## Primary Insurance

Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Address associated with insurance policy:  
\_\_\_\_\_

Client's relationship to policy holder:

Self  Spouse  Child  Other

## Secondary Insurance

Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Address associated with insurance policy:  
\_\_\_\_\_

Client's relationship to policy holder:

Self  Spouse  Child  Other

Do you have a medical ID?

Yes  No