

MilkWorks Insurance Information Form

We encourage all clients to complete this form in order for us to file with your insurance provider. Thank you for providing a copy of your insurance card(s).

Today's Date _____

Mother's Last Name _____ First Name _____

Mother's Date of Birth _____ Cell Phone _____

Address _____ Home Phone _____

City _____ State _____ Zip _____

1. Is mother covered by any **PRIVATE** insurance plan?

No----Go to question 3.

Yes---Please complete info below.

Name of primary insurance plan (e.g. Blue Cross/Blue Shield) _____

Name of Policy Holder _____

Policy Holder's Date of Birth _____

Policy Holder's Employer _____

Policy Holder's Relationship to Mother _____

2. Does mother have a secondary **PRIVATE** insurance plan?

No-----Go to question 3.

Yes---Please complete info below.

Name of secondary insurance plan _____

Name of Policy Holder _____

Policy Holder's Date of Birth _____

Policy Holder's Employer _____

Policy Holder's Relationship to Mother _____

(example: self, spouse, non-married partner, parent)

If Midland's Choice or Tri-Care policy holder's social security # _____

3. Does mother have **MEDICAID** coverage?

No-----Go to question 4.

Yes----Please check plan below.

☐ Application submitted but still pending ☐ Straight HHS

☐ Aetna Better Health ☐ United Health Community Plan ☐ Arbor Health

4. Does mother have any other insurance coverage? (e.g, Medicare) _____

STAFF USE ONLY: Copy front/back of all insurance card(s) and attach to this form.

Baby's Last Name _____ Baby's First Name _____

☐ Baby Boy ☐ Baby Girl

Baby's Date of Birth _____

1. Is baby covered by any PRIVATE insurance plan?

No----Go to question 3.

Yes---Please complete info below.

Name of primary insurance plan _____

Name of Policy Holder _____

Policy Holder's Date of Birth _____

Policy Holder's Employer _____

Policy Holder's Relationship to Baby _____
(example: mother, father, grandparent)

2. Does baby have MEDICAID coverage?

No

Yes----Please check plan below.

☐ Application submitted but still pending ☐ Straight HHS

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