

Transition Exercise: My Insurance Info

Who is my insurance company?

Insurance company name: _____

Phone number: _____

My identification number is: _____

My group number is: _____

I can be on this insurance until I am _____ years old.

Cut out this wallet size info card to keep in your purse or wallet.

If you have any questions about your health care coverage call member services and ask!



Insurance Info

Name: _____
 Phone: _____
 Identification #: _____
 Group #: _____

Hospital Info

Name: _____
 Address: _____
 Phone: _____
 (Fold Here)

Pharmacy

Name: _____
 Address: _____
 Phone: _____
 Fax: _____

Supply Company

Name: _____
 Address: _____
 Phone: _____
 Fax: _____