Thank you for choosing Nemaha County Community Health Services. In order to serve you, we need the following information. Please Print. All information is confidential. Date Client Name _____ Birth date_____ Last Middle Address _____ Phone _____ ☐ Male ☐ Female City _____ State ___ Zip Code _____ Clinic/Doctor ____I understand that I am financially responsible for all charges for services rendered including the balance remaining after payment of possible insurance benefits. I understand that Nemaha County Community Health Services is not responsible for notifying me in advance of non-covered services and that all non-covered services are my financial responsibility. I understand that if I am unable to pay the full amount due, I must make monthly payments until a zero balance is obtained. **Insurance Information** (Please Circle) We accept KanCare BCBS Century Insurance American Healthcare Cigna United Healthcare 1. Do you have Health Insurance? Yes No Does it cover immunizations? Yes No 2. Does your insurance not cover vaccines, cover only select vaccines or caps vaccine costs? Yes No 3. Does your insurance have a high deductible/co-pay? Yes No 4. If answered yes to #3, is your child enrolled in the free or reduced-price school lunch program? Yes No ☐ Check Box if Copy of Insurance Card Attached Insurance Company _____ ID # _____Group/Title # __ Name of Insured Relation to Subscriber Insurance Co. Address _____ City ____ State __ Zip Code ____ Name of Employer ______ Work Phone _____ Address of Employer _____ City ____ State __ Zip Code ____ I certify that the above information is correct to the best of my knowledge. I authorize release of any information concerning my (or my child's) health care, advice and treatment for the purpose of evaluating and administering claims for insurance benefits. • I authorize release of immunization records to any school, daycare center, health department or other healthcare provider. I acknowledge that I have been given a copy of Nemaha County Community Health Services' NOTICE OF PRIVACY PRACTICES with the effective date of September 25, 2013.

Date

Signature of Client (or Parent/Guardian if Minor)