JEFFERSON COUNTY
(740)283-8530
www.jchealth.com
GENERAL HEALTH DISTRICT
DR. FRANK J. PETROLA HEALTH COMMISSIONER

Public Health
Prevent. Promote. Protect.

All Information is confidential

Date:_____ Patient's Full Name:_____
Date of Birth:_____ Social Security Number:_____
Grade:_____ Sex:_____ Race:_____

I authorize a physician, nurse practitioner, or designated health professional to provide necessary and/or advisable treatment for my child. I authorize release of written and verbal information relevant to my child's health care between the school nurse and the health center's staffs only when necessary for his/her care. In case of emergency, every effort will be made by the health center staff to notify the parent/guardian. I understand the acknowledgement of Notice of Privacy Practice and know my minor child's rights as a patient in the school-based health clinic. I authorize the school-based Health Clinic to release information regarding treatment to third party payer such as Medicaid or insurance for the purpose of billing and for any reason in accordance with acceptable medical practice pursuant to the law. I assign my insurance benefits to be paid directly to Jefferson County General Health District. I am financially responsible for non-covered services, but understand that services will not be denied due to inability to pay.

Guarantor Insurance:
Mother/guardian:_____ Birth Date:_____
Mother's SSN:_____ Work #:_____ Cell #:_____

Father/guardian: :_____ Birth Date:_____
Father's SSN:_____ Work #:_____ Cell #:_____

Patient's Home Address:_____
Patient's Home Phone #:_____
Guardian's Email Address:_____

Name of emergency contact in case parent cannot be reached:_____
Relationship to Patient:_____ Phone #:_____

Parent/Guardian Signature:_____ Date:_____

Insurance Information: Please send a copy of the insurance/medical card
Private Insurance
Name of insurance company:_____
Address:_____ City:_____ State:_____ Zip:_____
Phone #:_____ Employer/Company Name:_____
Name f Insured Employee:_____ Birth Date:_____ SSN:_____
Policy Number :_____ Group Number:_____

JEFFERSON COUNTY
(740)283-8530
www.jchealth.com
GENERAL HEALTH DISTRICT
DR. FRANK J. PETROLA HEALTH COMMISSIONER

Public Health
Prevent. Promote. Protect.

Medicaid	ID Number
☐ Straight Ohio Medicaid	_____
☐ Buckeye Community Health Plan	_____
☐ CareSource of Ohio	_____
☐ Molina of Ohio	_____
☐ Paramount	_____
☐ United Healthcare of Ohio	_____
☐ Anthem	_____
☐ Cigna	_____
☐ Medical Mutual	_____
☐ Health Plan	_____
☐ Aetna	_____
☐ Humana	_____

☐ No Insurance/Private Pay (A sliding fee scale is available for families that are uninsured. Charges are based on income and family size. A copy of the parent/guardian's proof of income must be on file with the application in order to be eligible).