

Health Insurance Information Form  
Maranacook Student Health Center

*Please complete this form and return to the  
Maranacook High School Student Health Center or Middle School Wellness Center  
By September 7, 2007*

Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Gender (circle one): Male Female

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance Company (e.g. Anthem, MaineCare, Cigna, Aetna, etc.): \_\_\_\_\_

Health Insurance Company Address: \_\_\_\_\_

\_\_\_\_\_

Plan Type (e.g. HMO, PPO, POS) \_\_\_\_\_

Does your plan have a high deductible that you need to meet before acute medical visits  
will be covered?  yes  no  not sure

Effective Date of Insurance (when did coverage begin?) \_\_\_\_\_

Subscriber's Name (Whose policy is this?): \_\_\_\_\_

Subscriber's Date of Birth: \_\_\_\_\_ Subscriber's Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_

Health Insurance Group Number: \_\_\_\_\_

Employer (e.g. Saunders Manufacturing, State of Maine, CMP, etc.): \_\_\_\_\_

If you have any questions about this form or  
about billing please contact

**Penny Sargent**

Maine General Health Associates

Billing Department

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Gardiner, ME 04345

Phone 621- 3608 or e-mail [Psargent@mainegeneral.org](mailto:Psargent@mainegeneral.org)