

# Portage County Board of Developmental Disabilities

2606 Brady Lake Road  
Ravenna, OH 44266  
Phone: 330-297-6209 Fax: 330-297-1202

**Please Complete All Information**

<b>Name:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>Date of Birth:</b> /        /	<b>Social Security Number:</b> -        -
<b>Check One:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Check All That Apply:</b> <input type="checkbox"/> I have Medicaid	<b>Medicaid number is</b> _____
<input type="checkbox"/> I have Medicare	<b>Medicare number is</b> _____
<input type="checkbox"/> I do not have Medicaid or Medicare insurance coverage	
<b>Check One:</b> <input type="checkbox"/> I do not have insurance coverage (other than Medicaid or Medicare)	
<input type="checkbox"/> I do have insurance coverage (complete the information below)	

**Primary Insurance**

<b>Insurance Plan Name</b>	
<b>Insurance Company Address</b>	
<b>Insurance Company Phone</b>	
<b>Insured Name</b>	
<b>Policy Number</b>	
<b>Group/ID/Company Number</b>	

**Secondary Insurance**

<b>Insurance Plan Name</b>	
<b>Insurance Company Address</b>	
<b>Insurance Company Phone</b>	
<b>Insured Name</b>	
<b>Policy Number</b>	
<b>Group/ID/Company Number</b>	

By signing this form, I authorize the release of any medical or other information necessary to process my insurance claim. This authorization is to apply to all occasions of service until it is revoked in writing. I agree to provide the Portage County Board of Developmental Disabilities with any changes to my health insurance coverage.

This consent (unless expressly revoked earlier) expires one year from date signed.

\_\_\_\_\_

**Individual Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Parent, if under 18 or Guardian Signature**

\_\_\_\_\_

**Date**

### Confidentiality Notice

This form is intended for the addressee shown above. It may contain information that is privileged, confidential or otherwise protected from disclosure and is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any review, use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at 330.297.6209 or by the address above and destroy the original message as well as any copies. Thank you.

Revised October 29, 2009