VALLEY FORGE
MILITARY COLLEGE
THE MILITARY COLLEGE OF PENNSYLVANIA

Wellness Center Phone: 610-989-1519
Fax: 610-989-1516

STUDENTS NAME: _____ STUDENT'S DATE OF BIRTH: _____

HEALTH INSURANCE INFORMATION

Name of Medical Insurance Carrier:	Is this an HMO?	Yes: ☐	No: ☐
Company Address:	Phone:		
Policy and Group Numbers:	Policy Holder's Name:		
Policy Holder's Date of Birth:	Policy Holder's Employer:		
Policy Holder's Social Security Number:			

Please attach insurance card(s) below

****Please include a front and back copy of your medical, dental and prescription insurance cards for Cadet's Medical Record (use a separate sheet if needed)****

FRONT OF CARD

BACK OF CARD

_____ Or _____ _____

Parent or Guardian Signature Student Signature (if age 18 or older) Date