

MY INSURANCE WORKSHEET

PRIMARY INSURANCE

Member Number: _____ Group Number: _____

Contact Phone Number: _____

Co-Pay Amount: _____ Deductible Amount: _____

Other Information:

SECONDARY INSURANCE

Member Number: _____ Group Number: _____

Contact Phone Number: _____

Co-Pay Amount: _____ Deductible Amount: _____

Other Information:

POLICIES AND COVERAGE

Cancer Policy: _____

Treatment Coverage: _____

Clinical Trial Coverage: _____

Travel Reimbursement: _____