

Perry Multi-County Juvenile Facility
INSURANCE INFORMATION

Resident's Name		Date of Intake
Custodial Parent/Guardian Name		
Home Address		
Cell Phone () _____	Home Phone () _____	Work Phone () _____

Is this a different address than your child: ☐ Yes ☐ No

Do you have insurance coverage on this child: ☐ Yes ☐ No

Name of Insurance Company: _____

Group/Plan Number: _____

Name of Employer: _____

Address: _____

Phone: _____

Notification for parents/guardians with private insurance:

The Perry Multi-County Juvenile Facility's policy is that the parents/guardians are responsible for the payment of any co-pays or outstanding medical costs that are not covered by the policy holder's insurance plan. The facility maintains contact with many of our medical providers. Due to the fact that medications, physician's orders, and the address of the youth are also the facility address, we often receive a bill or any remaining balance related to your child's medical cost. When we receive a bill for insurance co-payments, we will send you a copy of the bill or forward the bill to your home address and ask that you send payment to the provider. We will also supply the medical provider with your address as well, in hopes that they will directly send you a bill for payment.

Do you give consent that the facility can use your insurance to provide for medical treatment for your child and bill you for any remaining co-pays or outstanding medical costs not covered by insurance? ☐ Yes ☐ No

If there is insurance on this child, please attach a copy of the insurance card to this form.

Parent/Guardian Signature

Date