

Is Outpatient

Alcoholism and Substance Abuse Covered? [] Yes [] No **If Yes, Amount: \$** _____

Are Prescription Drugs Covered? [] Yes [] No

Are X-Rays and Lab Work Covered? [] Yes [] No

**Are Ambulance Charges and Medical
Equipment Rental Expenses Covered?** [] Yes [] No

Insurance Company Representative Printed Name

Insurance Company Representative Signature

Date

Phone

I take full responsibility for the answers I have supplied above and fully agree not to hold IPFW liable for an incorrect translation nor any medical expenses I may incur due to the limitations of my private health insurance coverage.

Student's Signature

Date