



Insurance and expenses





Helpful hint: Medicaid is always secondary to any other insurance.

Insurance information

Primary insurance: _____ Member ID: _____

Group #: _____ Group name/employer name: _____

Subscriber's name: _____ Subscriber's date of birth: _____

Mailing address: _____

State: _____ ZIP code: _____ Member services phone: _____

Secondary insurance: _____ Member ID: _____

Group #: _____ Group name/employer name: _____

Subscriber's name: _____ Subscriber's date of birth: _____

Mailing address: _____

State: _____ ZIP code: _____ Member services phone: _____

Dental insurance: _____ Member ID: _____

Group #: _____ Group name/employer name: _____

Subscriber's name: _____ Subscriber's date of birth: _____

Mailing address: _____

State: _____ ZIP code: _____ Member services phone: _____

Drug card or prescription insurance: _____ Member ID: _____

Group #: _____ Group name/employer name: _____

Subscriber's name: _____ Subscriber's date of birth: _____

Mailing address: _____

State: _____ ZIP code: _____ Member services phone: _____

Out-of-pocket expenses

Use this sheet to track expenses not covered by insurance.

This sheet may be helpful for income tax purposes.

Date	Activity (travel, mileage, lodging, supplies, etc.)	Amount