galion city
HEALTH DEPARTMENT

113 Harding Way East
Galion, Ohio 44833

Phone 419.468.1075
Fax 419.468.8618
www.galionhealth.org

Insurance Information

Patient's Name: _____

☐ I do not have health insurance.

☐ I have health insurance, please complete below:

Primary Insurance

Insurance Company Name: _____

Insured's Name: _____ Insured's Date of Birth: _____

Insured's Address (if different from patient): _____

Insured's Phone (if different from patient): _____

Secondary Insurance

Insurance Company Name: _____

Insured's Name: _____ Insured's Date of Birth: _____

Insured's Address (if different from patient): _____

Insured's Phone (if different from patient): _____

Copy Insurance Card(s) Below