



Health Insurance Information

California Children's Services (CCS) CASE #: _____ TEAM: _____

CLIENT INFORMATION

Name: _____ Date of Birth ____/____/____
Last First MI

I. PRIVATE/EMPLOYER SPONSORED INSURANCE Yes No (If no, proceed to number II)

Name of Insurance _____ Insurance Company Phone _____

Name of Policy Holder _____ Policy Holder SS# _____

Employer of Policy Holder _____ Policy Number _____

Group Number _____ Eff Date of Policy _____

Is CCS Condition Covered Yes No If newborn, effective date of coverage _____

Type of coverage: PPO/IPA HMO EPO OTHER: _____

****MUST ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD****

II. MEDI-CAL INFORMATION

Does the client have Medi-Cal? Yes No Medi-Cal Number: _____

If not, have you applied for Medi-Cal? Yes No If yes, select one:

Determination has not been made Medi-Cal eligibility denied (provide Notice of Action copy)

I certify that this information is complete and correct to the best of my knowledge. I have read the Information Practices Act Statement on the reverse of this form.

Applicant, Parent, or Legal Guardian _____ Date _____

The information on this form is required by the county and state California Children's Services (CCS) as part of your application for assistance, as CCS cannot pay for that portion of expenses which are a benefit of your insurance resource. The information is maintained pursuant to Section 123800, et seq., of the California Health and Safety Code. You are required to provide the information on this form. If you do not provide this information, eligibility for services may be denied. Any information which you provide may be used by county and state CCS offices, the California Department of Health Care Services, and providers of services. You have a right to review records maintained by CCS concerning you. If you wish to review these records, contact the person responsible for the records in your county CCS office. After reviewing your records you may request in writing that they be corrected or amended to make them accurate, relevant, and complete.

Appeals may be directed to: Ken Adams, Program Manager at San Bernardino County California Children's Services – 150 E Holt Blvd, 3rd Floor, Ontario, CA 91761, 909-458-1616.