

Private health and insurance details

Keep this page private. Add Medicare, Medicaid, a supplemental (extra) plan, or other health plans. Copy the card details. Use one box for each plan.

Parent's name	Date checked

Date of birth	Main doctor / phone

Health problems to tell a doctor

Allergies / what happens (or none known / not sure)

Plan 1

Plan name / type	Plan phone
Member / Medicare number	Group number (if shown)

Plan 2

Plan name / type	Plan phone
Member / Medicare number	Group number (if shown)

Keep this page and copies of both sides of the cards in a safe folder. Keep original cards safe. Use another copy for more plans. Bring the current medicine list too.