



PAOLI • MARENGO • WEST BADEN • ENGLISH • SALEM • BEDFORD • MITCHELL

## PROOF OF IDENTITY AND INSURANCE

Proof of Identity and Insurance (if available) is needed to complete a successful application process.

Provide clear photo copies of Parental (or Guardian) identity (for minors under 18 application), and Patient identity (over 18) by submitting a valid drivers license (front), passport (ID page), or green card (front). Also include a proof of insurance (if available) (please submit the front and back of your insurance card).

NOTE: Proof of Identity & Insurance (if available) is a required form submission.

### SUBMISSION BY MAIL

*SICHC Paoli  
Attn: Lindsey Garner  
420 West Longest Street  
PO Box 270  
Paoli IN, 47454-8821*

### SUBMISSION BY FAX

Fax clear documents to:  
**(812) 723-7989**  
Use this page as a cover sheet

### SUBMISSION ONLINE

Visit our upload page and follow instructions for uploading documents:  
[sichc.org/forms/proof-of-identity-insurance](http://sichc.org/forms/proof-of-identity-insurance)

### SUBMISSION BY SCHOOL ADMIN

Within an envelope addressed to:  
**Attn: School Nurse  
SICHC Telehealth ID  
+ Your Childs name**

Drop it off at your school's administration desk or with the school nurse. The school nurse will submit it to SICHC via fax.

**PATIENT NAME** (print)

**DAYTIME PHONE NUMBER** (Preferred)

**EMAIL**

**NAME OF PATIENT (IF UNDER 18)**

**ADDRESS** (Adult patient, parent, or guardian)

**CITY**

**STATE**

**ZIP**