



PAOLI • MARENGO • WEST BADEN • ENGLISH • 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

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