

**HAWAII NATIONAL GUARD JOB CHALLENGE ACADEMY MEDICAL AID
STATION
Responsible Party Payment Information**

ALL INFORMATION ON THIS PAGE MUST BE COMPLETED!!!!

Parent/Guardian (Note: Responsible Party will be billed if insurance does not pay).

Name of Father/Guardian: _____ Legal Custody: Yes/No
Physical Custody Yes/No

Telephone #: _____ Cell #: _____

Address: _____ **State** _____ **City** _____
Zip Code _____

Name of Mother/Guardian: _____ Legal Custody: Yes/No
Physical Custody Yes/No

Telephone #: _____ Cell #: _____

Address: _____ **State** _____ **City** _____
Zip Code _____

RESPONSIBLE PARTY IS: (Circle One) FATHER MOTHER GUARDIAN OTHER:

MEDICAL INSURANCE INFORMATION: *If child has Medicaid, covering subscriber would be "self"

Name of Covering Subscriber: _____ Relation to Associate: _____

Adult's Date of Birth: ____/____/______ Adult's Social Security #: ____ - ____ - ____

Type of Medical Coverage: _____ *ex: Kaiser, HMSA, etc.

Subscriber ID: _____

Group #: _____

Parent/Guardian Name

Signature

Date

Parent/Guardian Name

Signature

Date

“This institution is an equal opportunity employer”