

**Health Insurance Coverage  
Required for treatment in an emergency**

**Child's Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_  
(Last) (First)

**Name of insured:** \_\_\_\_\_  
(Usually parent or guardian)

**Insurance company:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Insurance Company Phone #** \_\_\_\_\_

**MSUM Early Education Center Treatment Form**

**Dental Insurance Coverage  
Required for treatment in an emergency**

**Child's Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_  
(Last) (First)

**Name of insured:** \_\_\_\_\_  
(Usually parent or guardian)

**Insurance company:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Insurance Company Phone #** \_\_\_\_\_

**MSUM Early Education Center Treatment Form**