



Student Health Center Registration Form

Attn: Out-of-Plan Coordinator
Toll Free at (800) 891-2520 or (419) 887-2520
Fax: 567-661-0847 or Toll Free: 844-282-4907

COMMERCIAL/HMO

Member Name: _____ **Date:** _____

Member ID: _____

Student Health Center Required Information

Name of Student Health Center: _____

Billing NPI: _____ **Tax ID:** _____

Federal ID (Medicare#) _____ **(Medicaid#):** _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ **Fax:** _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Practitioners that work at this Student Health Center:

[illegible]

Paramount Insurance Company and its affiliates ("Paramount") consider personal information (nonpublic information that identifies persons as individuals and that is obtained in the course of Paramount's health plan operations) to be confidential. Paramount will protect the privacy of that information in accordance with federal and state privacy laws and with Paramount privacy policies.

This worksheet is not a contract and is not intended to serve as the basis for contract negotiations. Information shared on this worksheet will be used in the administration of claims processing procedures on behalf of a Paramount member to whom healthcare supplies or services were provided or will be provided by the listed practitioners.

Submission of this worksheet to Paramount does not imply a right to payment from Paramount, and does not authorize representatives of the listed student health center or other healthcare facility to share information concerning healthcare supplies or services provided to a Paramount member, in the absence of other appropriate authorization to that effect.

Paramount is domiciled in the State of Ohio. Under Ohio law, any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. In other jurisdictions, the following notice applies: Any person who knowingly files a statement of claim containing any false, incomplete, or misleading information may be subject to criminal and/or civil penalties.

Non-Discrimination Statement

English: Paramount complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.