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| ***北卡羅來納州嬰幼兒計畫*** *(North Carolina Infant-Toddler Program, NC ITP)* |  |

***保險資訊工作表***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***服務提供者負責驗證保險資訊。此表格上的資訊並非保證付款額。*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **兒童資訊：** | | | | | | | | | |  | | |  | | | | | | | | *ITP SFS %* | | | | | | *每月最高上限* | | | | *填寫日期* | |
|  | | | | | | | | | |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
| *兒童名字* | | | | | | | | | | *中間名/後綴* | | | | *兒童姓氏* | | | | | | |  | | | | | |  | | | |  | |
|  | | | | | | | | | |  | | | | | |  | | |  | |  | | | | | |  | | | |  | |
| *地址* | | | | | | | | | | *城市* | | | | | | *州* | | | *郵遞區號* | |  | | | | | | | | | | | |
|  | | | | | | | *性別：*男性  女性 | | | | | | | | |  | | | | | | | | | | |  | | | | | |
| *出生日期：* | | | | | | |  | | | | | | | | | *住家電話：* | | | | | | | | | | | *其他聯絡電話：* | | | | | |
| 1. **保險資訊：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medicaid 編號：** | | | |  | | | | | | | | | | | | | 若為卡羅來納州 ACCESS 計畫，請列出主要醫療醫師： | | | | | | | | | | | | | | | |
| 符合資格日期： | | | |  | | | | 有效日期： | | | | |  | | | | | | | | | 主要  其他有效的保單（請見下方） | | | | | | | | | | |
| **主要保單：** | | | 個人  團體  HMO/PPO  軍人保險 | | | | | | | | | | | | | | | **次要保單：** | | | | | | 個人  團體  HMO/PPO  軍人保險 | | | | | | | | |
| 保險名稱： | | |  | | | | | | | | | | | | | | | 保險名稱： | | | | | |  | | | | | | | | |
| 雇主/團體： | | |  | | | | | | | | | | | | | | | 雇主/團體： | | | | | |  | | | | | | | | |
| 保單號碼/保險識別碼： | | |  | | | | | | | | | | | | | | | 保單號碼/保險識別碼： | | | | | |  | | | | | | | | |
| 團體識別碼： | | |  | | | | | | | | | | | | | | | 團體識別碼： | | | | | |  | | | | | | | | |
| 生效日期： | | |  | | | | | | | | | | | | | | | 生效日期： | | | | | |  | | | | | | | | |
| 理賠電話號碼： | | |  | | | | | | | | | | | | | | | 理賠電話號碼： | | | | | |  | | | | | | | | |
| 理賠地址： | | |  | | | | | | | | | | | | | | | 理賠地址： | | | | | |  | | | | | | | | |
| 城市： |  | | | | | 州： | | | | | | 郵遞區號： | | | | | | 城市： | |  | | | | | | 州： | | | | 郵遞區號： | | |
| 投保人姓名： | | | | |  | | | | | | | | | | | | | 投保人姓名： | | | | | | |  | | | | | | | |
| 投保人與客戶關係： | | | | |  | | | | | | 投保人出生日期： | | | | | | | 投保人與客戶關係： | | | | | | |  | | | | 投保人出生日期： | | | |
| 投保人為擔保人： | | | | | 是  否 | | | | | | 性別： 男性  女性 | | | | | | | 投保人為擔保人： | | | | | | | 是  否 | | | | 性別： 男性  女性 | | | |
| 投保人地址： | | | | |  | | | | | | | | | | | | | 投保人地址： | | | | | | |  | | | | | | | |
| 與主要保單連結的健康報銷帳戶。 | | | | | | | | | | | | | | | | | | 與主要保單連結的健康報銷帳戶。 | | | | | | | | | | | | | | |
| 與主要保單連結的健康支出帳戶。**（請確定已停用自動草稿功能！）** | | | | | | | | | | | | | | | | | | 與主要保單連結的健康支出帳戶。**（請確定已停用自動草稿功能！）** | | | | | | | | | | | | | | |
| **網路內福利** | | | | | | | | | | | | | | | | | | **網路內福利** | | | | | | | | | | | | | | |
| **終身上限：** | | 是  否 | | | | | | | **終身上限金額** | | | | | |  | | | **終身上限：** | | | | | 是  否 | | | | | **終身上限金額** | | | |  |
| 共同保險： | |  | | | | | | | 共付額： | | | | | |  | | | 共同保險： | | | | |  | | | | |  | | | |  |
| 自付額： | |  | | | | | | | 金額已滿： | | | | | |  | | | 自付額： | | | | |  | | | | | 金額已滿： | | | |  |
| **網路外福利** | | | | | | | | | | | | | | | | | | **網路外福利** | | | | | | | | | | | | | | |
| **終身上限：** | | 是  否 | | | | | | | **終身上限金額** | | | | | |  | | | **終身上限：** | | | | | 是  否 | | | | | **終身上限金額** | | | |  |
| 共同保險： | |  | | | | | | | 共付額： | | | | | |  | | | 共同保險： | | | | |  | | | | | 共付額： | | | |  |
| 自付額： | |  | | | | | | | 金額已滿： | | | | | |  | | | 自付額： | | | | |  | | | | | 金額已滿： | | | |  |
| **評估是否需要事先授權？** 是  否 | | | | | | | | | | | | | | | | | | **評估是否需要事先授權？** 是  否 | | | | | | | | | | | | | | |
| ***請列出以下服務的福利：*** | | | | | | | | | | | | | | | | | | ***請列出以下服務的福利：*** | | | | | | | | | | | | | | |
| 評估： | | | | | | | | | | | | | | | | | | 評估： | | | | | | | | | | | | | | |
| 職業治療： | | | | | | | | | | | | | | | | | | 職業治療： | | | | | | | | | | | | | | |
| 物理治療： | | | | | | | | | | | | | | | | | | 物理治療： | | | | | | | | | | | | | | |
| 言語治療： | | | | | | | | | | | | | | | | | | 言語治療： | | | | | | | | | | | | | | |
| 其他服務： | | | | | | | | | | | | | | | | | | 其他服務： | | | | | | | | | | | | | | |
| **專科治療需要事先授權嗎？**  是  否 | | | | | | | | | | | | | | | | | | **專科治療需要事先授權嗎？**  是  否 | | | | | | | | | | | | | | |