

Registration Form

Workshop ID:

First Name*: _____ Last Name*: _____

Email Address: _____

Phone Number*: _____ Date of Birth*: _____

Address*: _____

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

Emergency Contact Name: _____ Phone Number: _____

HEALTH INSURANCE INFORMATION

Most Health Promotion programs offered through the Illinois Pathways to Health Initiative are available at no cost to the participant through grants and federal funding. We will NOT bill your insurance without your consent. Listing the information below helps us to know who we are reaching to secure funding for future programs.

From what health system do you receive your primary healthcare care services?

Advocate Aurora Health	Mercy Health Corporation	
Amita Health	NorthShore University Health System	
Blessing Health System	Northwestern Memorial Health Care	
Carle Health	OSF Health Care	
Cook County Health	Presence Health	
Edward-Elmhurst Health	Rush	
Hospital Sisters Health System	Sinai Chicago	
Kindred Healthcare	Southern Illinois Healthcare	
Loyola Medicine	Swedish American Health System	
Memorial Health System		

What type of health insurance do you have? Check all that apply.

- Medicare
 Private Insurer of Employer
 Decline to Provide
 Medicaid
 Uninsured/ Self-pay

	Insurance Plan Info (Primary)	Insurance Plan Info (Secondary)
Insurance Plan Name:		
Group ID #:		
Member ID #:		