

HEALTH INSURANCE VERIFICATION

As part of the adoption process, it is important to verify the health insurance benefits available to any child who is adopted. Please complete this request for information about the insurance coverage a child placed with you for the purpose of legal adoption is eligible to receive.

From the date of physical custody, the child will be considered a legal dependent of his/her adoptive parent(s), _____, who shall be responsible for any treatment for the child necessitated by previously diagnosed or undiagnosed medical, emotional, developmental, or physical problems.

_____ has health insurance through
(Name of Insured)

_____ policy number _____
(Insurance Company)

The child will be covered as follows:

Immediately upon arrival	Yes___	No___
For emotional/physical therapy	Yes___	No___
For preexisting conditions	Yes___	No___
For diagnosed conditions	Yes___	No___
For undiagnosed conditions	Yes___	No___
For treated conditions	Yes___	No___
For untreated conditions	Yes___	No___

Please state clearly any exceptions or limitations to the above: _____

Adoptive Father's Name

Adoptive Father's Signature

Adoptive Mother's Name

Adoptive Mother's Signature