



G A T E W A Y
MEDICARD

EMERGENCY MEDICAL INFO CARD

...when it's a matter of time.

USE BLACK INK ONLY. PRINT NEATLY. INCLUDE DATA FOR ONE PERSON ONLY PER FORM

PERSONAL INFORMATION:

FIRST NAME:	LAST NAME:	MIDDLE NAME:	
HOME ADDRESS:			
CITY:	STATE:	ZIP:	HOME PHONE:

PERSONAL MEDICAL INFORMATION:

BLOOD TYPE:	RELIGION:	
DATE OF BIRTH:	HEIGHT:	WEIGHT:

IN CASE OF EMERGENCY CONTACT:

NAME:	RELATIONSHIP:	PHONE # 1:	PHONE # 2:
PHYSICIAN'S NAME:	PHONE # 1:	PHONE # 2:	

MAINTENANCE PRESCRIPTIONS:

DRUG:	DOSAGE:
DRUG:	DOSAGE:
DRUG:	DOSAGE:
DRUG:	DOSAGE:

EXISTING MEDICAL CONDITIONS AND ALLERGIES:

AUTHORIZATION:

I HEREBY authorize any qualified Medical Personnel to use the information on this card as a means for more knowledgeable treatment of any physical ailments necessitating immediate treatment, including Emergency Care Personnel, and confirm that the information so provided is accurate and complete to the best of my knowledge. Should any problems occur due to improper use of this card or the information provided, I hereby waive responsibility of GATEWAY MEDICARD or any person affiliated with said company including agents, heirs, and Medical Personnel. I understand that this form will be reproduced by GATEWAY MEDICARD and acknowledge that the information I have provided will not be changed or altered in any way during this process.

X _____

SIGNATURE OF APPLICANT (Must be signed by applicant) DATE

If this form was completed by someone other than applicant please sign below.

X _____

SIGNATURE

TITLE OR RELATIONSHIP

HIPPA RELEASE:

By signing below, I agree that the information I have provided is correct and allow Medicaid to use the above protected health information, which will only be disclosed to Medicaid personnel, for the purpose of producing my Medicaid and no other purpose. I understand that I may revoke this authorization at any time and that my information will be destroyed according to HIPPA compliance guidelines and that this information will be kept for one year.

X _____

SIGNATURE

DATE

Please fill out the form completely using only BLACK INK and PRINT NEATLY. (Your penmanship will be on the card when printed.) When completed, mail your application to: 16476 Wild Horse Creek Road, Chesterfield, MO 63017