

WELL CARE COMMUNITY HEALTH, INC.  
203 EAST MAIN STREET  
RICHMOND, INDIANA 47374  
TTY Users call 711  
EMERGENCY CONTACT INFORMATION

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

<b>Emergency Contact Name:</b> _____	<b>Relationship:</b> _____
<b>Phone Number #1:</b> _____	<b># 2:</b> _____
<input type="checkbox"/> <b>May discuss my medical information</b>	<input type="checkbox"/> <b>May pick up my medications</b>

<b>Emergency Contact Name:</b> _____	<b>Relationship:</b> _____
<b>Phone Number #1:</b> _____	<b># 2:</b> _____
<input type="checkbox"/> <b>May discuss my medical information</b>	<input type="checkbox"/> <b>May pick up my medications</b>

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient ID #** \_\_\_\_\_