

Welcome to Sindecuse Health Center



Dear KVCC colleague:

We are WMU's Health Center and we are ready to serve the medical needs of KVCC faculty and staff, including adjunct faculty. Learn more about our range of services at wmich.edu/healthcenter.

Our friendly staff offers clinical care and more by appointment:

- Acute illness and injury care
- Immunizations and allergy shots
- TB testing and titers
- Physical therapy and sports medicine
- Pharmacy with drive-thru window
- Laboratory and X-ray services



We're one of the few Kalamazoo County health centers to receive FDA authorization to offer rapid-result COVID-19 antigen testing. Results usually known in less than an hour!

How to start

We'll need to learn more about you:

- Complete an insurance information form (see next page)
- Make a copy of your insurance card front and back
- Make a copy of your KVCC ID

Gather these and send the copies to shc-insurance@wmich.edu or fax to (269) 387-3204.

Appointments

Call (269) 387-3287 to make your first appointment. After that, we will set you up with a portal account to view test results, and send or receive secure messages. You'll be able to make future appointments online.

Payment

We'll collect payment at time of service, then bill your insurance. Once insurance pays us, we'll refund you by check issued from WMU.

The fine print

Some limitations apply to the services at WMU:

- Psychiatry services are reserved for students only
- Counseling services are reserved for WMU students only
- Blue Care Network HMO does not cover visits at Sindecuse Health Center



WESTERN MICHIGAN UNIVERSITY

(269) 387-3287
wmich.edu/healthcenter

PLEASE
PRINT
CLEARLY



WESTERN MICHIGAN UNIVERSITY

Patient Information

(269) 387-3287
(269) 387-3204 fax

Patient

FULL LEGAL NAME (REQUIRED FOR HEALTH RECORDS)

DATE OF BIRTH (MM/DD/YY)

PREFERRED FIRST NAME AT WMU

LOCAL OR WMU ADDRESS

CITY

STATE

ZIP

PHONE

WMU IDENTIFICATION NUMBER (WIN) IF KNOWN

SEX:

- FEMALE
 MALE

GENDER IDENTITY:

- FEMALE
 MALE
 TRANSFEMALE / MTF
 TRANSMALE / FTM
 TRANSGENDER
 GENDER NONCONFORMING
 DIFFERENT IDENTITY

Primary Insurance

USE AS PATIENT'S EMERGENCY CONTACT

POLICY HOLDER
1

NAME

DATE OF BIRTH (MM/DD/YY)

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO PATIENT

PHONE

EMPLOYER

SEX: FEMALE MALE

INSURANCE
1

INSURANCE COMPANY

CLAIM SUBMISSION ADDRESS

CONTRACT/POLICY NUMBER

INSURANCE PHONE

STATE ZIP

GROUP NUMBER

Secondary Insurance or Emergency Contact

USE AS PATIENT'S EMERGENCY CONTACT

POLICY HOLDER
2

NAME

DATE OF BIRTH (MM/DD/YY)

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO PATIENT

PHONE

EMPLOYER

SEX: FEMALE MALE

INSURANCE
2

INSURANCE COMPANY

CLAIM SUBMISSION ADDRESS

CONTRACT/POLICY NUMBER

INSURANCE PHONE

STATE ZIP

GROUP NUMBER

How to submit

Please make a copy of your insurance card front and back, and write the student's name, date of birth, and WIN (if known) next to the card.

Mail this form and a copy of the insurance card(s) to:
Sindecuse Health Center, WMU, 1903 W Michigan Ave,
Kalamazoo, MI 49008-5445 **or fax** to (269) 387-4494.

Questions?

Call (269) 387-4219 or email shc-insurance@wmich.edu.