



HEALTH INSURANCE INFORMATION

Student's Name: _____ Date of Birth: _____

Please copy and attach the front and back of your health insurance card in the boxes below:

FRONT

BACK

LABORATORY TESTING:

Iona College Health Services participates with **Quest Diagnostics** and **ACCU Reference Medical Lab**.

Please **CHECK** the lab that your insurance participates with:

- Quest Diagnostics
- ACCU Reference Medical Lab
- Labcorp *

*** NOTE:** *Students whose health insurance participates with **Labcorp** will be sent to the local **Labcorp** at 110 Lockwood Ave, New Rochelle, NY 10801.*