



## Insurance Intake

*Please fill in any information that applies to you so we can bill your insurance properly. Note, you may not have all of these insurance plans, just fill in the information that pertains to you.*

<b>Name (as written on insurance documents)</b>	<b>Date of Birth</b>
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Relationship to cardholder    Self    Spouse    Child    Other

Pharmacy (Rx) Information	
<b>Insurance Plan Name</b>	
<b>Member ID #</b>	
<b>Rx BIN</b>	
<b>Rx PCN</b>	
<b>Group Number</b>	

Medical Plan Information	
<b>Insurance Plan Name</b>	
<b>ID Number</b>	
<b>Payer ID or EDI Number</b>	

Medicare Part B Insurance (Your Red, White and Blue Card)	
<b>Medicare Number</b>	

MassHealth	
<b>Member ID Number</b>	

Husky Insurance (CT Medicaid)	
<b>Client ID Number</b>	

<input type="checkbox"/>	<b>Check this box if you do not have any insurance coverage</b>
<b>Social Security Number</b>	