



131 Golfview Dr NE Arab, AL 35016

Phone: 256-640-8416 Fax: 256-640-8450

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP :** \_\_\_\_\_

**MOBILE PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PHARMACY & LOCATION:** \_\_\_\_\_

**INSURANCE INFORMATION:**

*Please fill out all of the information below in order for your insurance to be filed correctly.*

**PRIMARY INSURANCE COMPANY:** \_\_\_\_\_

**INSURANCE CARRIER NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**POLICY #:** \_\_\_\_\_ **GROUP #:** \_\_\_\_\_

**SECONDARY INSURANCE COMPANY:** \_\_\_\_\_

**POLICY #:** \_\_\_\_\_ **GROUP #:** \_\_\_\_\_