

**KMF Insurance Agency**  
 1-800-521-9070  
 www.KMFcoversYou.com  
 2247 Babcock Blvd, Pgh PA 15237



## CLIENT MEDICAL INFORMATION

First / Last Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

County \_\_\_\_\_ Primary Phone \_\_\_\_\_ Gender: ☐ Male ☐ Female

Medicare # \_\_\_\_\_ Tobacco User: ☐ Yes ☐ No

Part A Effective Date \_\_\_\_\_ Part B Effective Date \_\_\_\_\_

Medication name	Reason	Dosage	Frequency	Quantity

Medical Facilities of Hospitals	Address of Facility

Physician Name	Specialty (Heart, Neurologist, etc.)	Address	Phone Number
	Primary Care Physician		

*Space on back for additional medication, medical facilities and physicians.*

How do you fill your prescriptions? ☐ Retail ☐ Mail ☐ Both

Retail Pharmacy Name \_\_\_\_\_ Location \_\_\_\_\_



Medication Name	Reason	Dosage	Frequency	Quantity

Medical Facilities of Hospitals	Address of Facility

Physician Name	Specialty (Heart, Neurologist, etc.)	Address	Phone Number
	Primary Care Physician		

Notes: \_\_\_\_\_

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