IMPORTANT:
Customer Insurance Information for Pharmacy

This customer has provided new/updated insurance information to be added to their profile. If the customer has indicated that it is their Primary Plan, mark it as Primary on the customer's profile. Check the work queue for any prescriptions that are in progress or TPRs that need to be resolved. Please contact the customer if you have any questions.

***If the image contains non-insurance information or anything with a VISA, MASTERCARD, American Express, Discover logo – delete this image and do NOT attach it to the Customer Profile.**

Name: **DOB:** **Phone:** **Confirmation #:**

Primary Card

Insurance Provider:
Insurance Provider Phone Number:
Member ID:
Group ID:
RX BIN:
RX PCN:
Primary Card Holder Name:
Relationship to Card Holder:
Primary Card Holder DOB:
Primary Card Holder Phone:

Other

Insurance Provider:
Insurance Provider Phone Number:
Member ID:
Group ID:
RX BIN:
RX PCN:
Primary Card Holder Name:
Relationship to Card Holder:
Primary Card Holder DOB:
Primary Card Holder Phone:

MEDICARE Part B

Medicare Number:

Last 4 of SSN: