Personal Information

Name _____

Address _____

_____

Phone # (____)_____

Birthday _____

Are you eligible for Medicare? Yes □ No □

Do you currently have prescription drug coverage? Yes □ No □

If yes, please complete the following and provide a copy of your insurance card.

Insurance Carrier _____ ID # _____

Rx BIN # _____ PCN _____

Medicare # (only if you want us to verify current coverage) _____

Please Complete this section				Leave Blank				
Medication	**Strength**	**Quantity per day**	**Current Monthly Cost**	**Medication Alternatives**	**Strength**	**Quantity per day**	**Potential Monthly Cost**	**Potential Monthly Savings**

Phone: 954-530-4698

Fax: 954530-4922

6783 Stirling Road Davie, FL 33314

Plaza--"Shoppes at Stirling Place"

(Between University Drive & Davie Road)

MARTNICKS PHARMACY & DISCOUNT