



**Other Medical Information**

Please list below any other medical information that we should be aware of to help us serve your specific health needs and to protect you from medication related problems. Also include any non-prescription medications, vitamins or supplements you are taking.

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**Prescription Insurance Information**

Many of our patients have had changes in their prescription insurance or have more than one insurance or drug card. Please help us by listing which is the primary card we should use. We need to know if you have other specialty cards or secondary insurance. Please allow our pharmacy tech to make a copy of any card or cards you wish to use. Any cards we have on file that you do not list here will be deleted from your record. If you have a medical card that has no drug coverage, we do not need that.

**Primary Insurance** \_\_\_\_\_ ID # \_\_\_\_\_

This is the drug card we will bill first

**Other Insurance** \_\_\_\_\_ ID # \_\_\_\_\_

**Medicare Part D** \_\_\_\_\_ ID# \_\_\_\_\_

**Medicaid** \_\_\_\_\_ ID# \_\_\_\_\_

**Discount Card** \_\_\_\_\_ ID # \_\_\_\_\_

**Other Card** \_\_\_\_\_ ID# \_\_\_\_\_

If you have a card or cards that only cover specific drugs or conditions, please list them and the drugs each covers.

Card Name	Drug
_____	_____
_____	_____

Thank you for taking the time to complete this form. Improving the accuracy of information in our system will increase our ability to provide you with safe and accurate prescription service. All information contained on this form is confidential and will be protected and used only in accordance with HIPAA Privacy Regulations.

The Staff of Weaverville Drug Company