

The Hotel Pharmacy

Insurance Information Sheet

20 Elliot St. Suite 1
Brattleboro, VT 05301
Phone: 802-254-2303
Refill Hotline: 802-258-3008
Fax: 802-257-0023
refills@hotelrx.com
www.hotelrx.com

Patient Name: _____ **Date of Birth:** _____ **Phone** _____

RX Insurance Information: (PLEASE INCLUDE A COPY OF THE CARDS; FRONT AND BACK)

Policy Holder Name: _____ Relationship to Patient: _____
Group Number: _____ ID Number: _____
RX BIN: _____ PCN: _____

Home Address:

Street Address _____ Apt _____
City, State _____ Zip Code _____ Home Phone _____

Previous Pharmacy:

Name _____
Phone Number _____

OPTIONAL:

Credit Card Information: (you may also choose to phone this in directly to Hotel Pharmacy)

Card Holder Name _____
Credit Card Number _____ Expiration Date _____ 3-digit Vcode _____