

Tel. 781-235-1001

ANDREWS PHARMACY
Specialists in Assisted Living
324 Weston Road, Wellesley MA 02482
www.andrewspharmacy.com
NEW ACCOUNT APPLICATION

date _____

FAX: 781-239-0655

Please fill out all fields. Apps with missing information will be rejected. If you need assistance, please call 781.235.1001 extension #3 for the Billing Department.

NAME: _____ START DATE: _____

FACILITY/APT. # _____ DELIVERY CYCLE: WEEKLY/MONTHLY/VIALS _____

DOB: _____ SS #: _____

ALLERGIES: _____

PRESCRIPTION DRUG INSURANCE	PRIMARY	SECONDARY (IF APPLICABLE)
<i>*Please note: RX Insurance plans usually issue separate cards. Medicare A + B have NO Retail RX Insurance Coverage.</i>	ID: _____	ID: _____
	RXGRP: _____	RXGRP: _____
	RXBIN: _____	RXBIN: _____
	RXPCN: _____	RXPCN: _____

PREVIOUS PHARMACY: _____ Tel. #: _____

Card Type: _____

CREDIT CARD #: _____

CC EXP.: _____

3 Digit CCV: _____ *I authorize Andrews Pharmacy to bill my credit card on a recurring basis

Billing ZIP: _____ for all products and services rendered: _____

BILLABLE PARTY: (Mailing Address for Statements; Power of Attorney/Health Care Proxy/Guardian)

NAME: _____ Relationship: _____

ADDRESS: _____

HOME TEL #.: _____ CELL #.: _____

EMAIL: _____

ADDITIONAL CONTACT: _____ TEL# _____

Address: _____ Email: _____

PRIMARY CARE PHYSICIAN: _____ TEL #.: _____

MEDICATION ORDERS: Please attach Doctor's Orders or Discharge Summary _____

APPROVED BY: _____