1412 SW 43rd St, Renton, WA 98057
Phone (425) 251-6335 Fax (425) 988-1319
www.ReadyMedsPharmacy.com

Internal Use:
Facility Code: ____________________
Received Date: ____________________
Delivery Date: ____________________
PACKAGING:
☐ Bingo ☐ Multi-Pack ☐ Dispill ☐ HOA

NEW CLIENT FORM

FACILITY INFORMATION:

Date: ____________________

Name: ______________________________ Phone Number: ____________________

Address: ______________________________ Fax Number: ____________________

Owner Name: ______________________________ Client Admit Date: ____________________

NEW CLIENT INFORMATION:

Last Name: ______________________________ MI: ________ First Name: ____________________

Date of Birth: ____________________ SSN: ____________________ Gender: ☐ M ☐ F

Chronic conditions: ____

____

Allergies: ____

RESPONSIBLE PARTY INFORMATION FOR BILLING: ***if no payee or Self POA, Credit Card is required***

Full name: ______________________________ Relationship to Client: ____________________

Billing address: ______________________________ City: ________________ State: ________ Zip Code: __________

Home Phone #: ____________________ Cell phone #: ____________________

MEDICAL INFORMATION:

Primary Physician Name: ______________________________ Phone # ________________ Fax # ________________

Specialist/Physician Name: ______________________________ Phone # ________________ Fax # ________________

Previous pharmacy: ______________________________ Pharmacy phone # ________________

PRESCRIPTION INSURANCE INFORMATION:

Primary Insurance Company: ____

Policy ID #: ____________________ Group#: ________________ BIN #: ________________ PCN: ________________

Medicaid DSHS/ Provider One Card #: ______________________________ Medicare Part B #: ____________________

***** Please complete and fax this form, a copy of the insurance card, MARs, & Rx to the pharmacy *****

Thank you for using Ready Meds Pharmacy, "Home of your Personal Pharmacist."