

Vaccine Intake Form



Access Family Pharmacy

4062 Hixson Pike Chattanooga, TN 37415

Phone: 423-877-3568 Fax: 423-803-4791

Patient Information

Last Name _____ First Name _____ DOB _____ Gender _____
Address _____ City _____ State _____ Zip _____ Phone# _____
SS# _____

Prescription Insurance:

Plan Name _____ Cardholder ID _____
RX Group ID _____ RX BIN# _____ PCN _____

Are you the primary cardholder? **Y or N**

if no, please include the primary cardholders DOB _____ and ZIP CODE _____

Medicare MBI: _____ ****MBI is required for all patients age 65 or older, or Medicare Eligible. Please refer to your Medicare Red, White, and Blue card for your Medicare Part A/B ID Number (MBI).

****If you have medicare and do not have your Red White & Blue card number, please provide SS# (or last 4 of SS#)

****If Uninsured, you must check the box below to attest that the following information is true and accurate:**

I do not have any insurance, including but not limited to Medicare, Medicaid or any other private or government-funded health benefit plan.

Signature _____ Date _____
(Person receiving vaccine or Parent or Guardian/Witness if recipient is a minor or unable to sign)