Stark & Associates Insurance

Client Information Form

Tele: (954) 441-3933 Fax: (561) 453-3396

Address: 601 South Federal Hwy Suite 110 Boca Raton, FL, 33432

Please complete this form to ensure your prescriptions, doctors, and contact information are up to date for 2024. Once the form is completed, please save it and send it to us via email at service@acbs-llc.com. Alternatively, you can fax it to (561) 453-3396 or mail it to the above address.

| Name | me | | | Date of Birth | | |
|----------------------------------|-----------------|----------------------|--------------------|---------------|-----------------|--|
| Address | | | | | | |
| Mailing Address (if Different) | | | | | | |
| Email | | | Home: | | Cell: | |
| | Insurai | nce & Physic | ian's Inforn | nation | | |
| Medicare Number | | | MEDICAID | | | |
| Medicare Effective Dates: Part A | | | | Part B | | |
| Present Coverag | e | | | | | |
| Are you satisfied | with your curre | nt insurance | policy? | | | |
| PRIMARY CAR | E DOCTOR | | | | | |
| | | | | | | |
| SPECIALIST | | | | | | |
| | | | | | | |
| Preferred Hospital | | | Preferred Pharmacy | | | |
| | <u>N</u> | Aedication In | <u>iformation</u> | | | |
| MEDICATION DO | | DOSAGE [| SE [ex 20MG] | | QTY & FREQUENCY | |
| | | | | | | |
| | | | | | | |
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