

**Stark and Associates**

**Client Information Form**

Tele: (561) 453-3395

Address: 601 S. 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. Please save the completed form and send it to us via email at [service@acbs-llc.com](mailto:service@acbs-llc.com). Alternatively, you can mail it to the above address.

**Name**

**Date of Birth**

**Address**

**Mailing Address  
(if Different)**

**Email**

**Home:**

**Cell:**

**Insurance & Physician's Information**

**Medicare Number**

**MEDICAID**

**Medicare Effective Dates: Part A**

**Part B**

**Present Coverage**

**Are you satisfied with your current insurance policy?**

**PRIMARY CARE DOCTOR**

**SPECIALIST**

**SPECIALIST**

**SPECIALIST**

**SPECIALIST**

**SPECIALIST**

**SPECIALIST**

**Preferred Hospital**

**Preferred Pharmacy**

**Medication Information**

**MEDICATION**

**DOSAGE [ex 20MG]**

**QTY & FREQUENCY**