

Prescription Insurance Information / Intake Information

Patient name: _____ Date of birth: _____

TXST ID# (A0...): _____ Best contact phone #: _____

Local address _____ City _____ State _____ Zip: _____

Students seeking medication for the treatment of ADHD are required to provide their prescription insurance information. This information is needed because most of the time your insurance will require the SHC to get your ADHD medication approved before you can pick it up from your pharmacy.

You should review your insurance card to find the information below. If your insurance card does not have this information, you should ask help from parents or other individuals who purchased your insurance coverage or their employer's Human Resources Department, Member Services by calling the number on your insurance card, or your insurance broker.

Do you have health insurance? ☐ **YES** (fill out ALL sections below) ☐ **NO** (Only fill out Preferred Pharmacy Information and Emergency Contact Information sections below)

Policy holder's Zip code on file with your insurance plan? _____

Who is your Pharmacy Benefits Manager (PBM) – Prescription (Rx) Insurance Information

PBM examples: Optum RX, Express Scripts, or Caremark

Name of PBM: _____ PBM Address: _____

Phone #: _____ Fax#: _____

BIN# (if available): _____ PCN# (if available): _____

RX ID# (if available): _____ RX Group # (if available): _____

Medical Insurance Information

Name of **Insured** (Policy Holder): _____

Relationship of Patient to **Insured** (Circle One): Self Child Spouse Other: _____

Insurance Company: _____ Insurance Phone #: _____

Insurance Address: _____

Insurance ID #: _____ Insurance Group #: _____

Preferred Pharmacy Information

Examples: Walgreens, CVS

Name of Pharmacy: _____ Pharmacy Address: _____

Emergency Contact Information:

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone #: _____