



Insurance Card Information

Name on card _____

Relationship to member _____

Bin Number _____ Member ID _____

Group Number _____ PCN _____

Customer Service Number _____

Credit Card Information

Card Holder Name:

<input type="radio"/> 	<input type="radio"/> 	<input type="radio"/> 	<input type="radio"/>  (DEBIT)
Credit Card Number: _____			
Expiration Date: _____		CVV/CID: _____	

I hereby authorize Medford Chemists Inc. to charge my credit card if my insurance denies my claim and/or I have no coverage (**if claim is denied by insurance we will contact you before charging your credit card**) in the amount of:

\$_____ for the administration of the flu vaccine.

\$_____ for the administration of the Covid-19 vaccine.

Cardholder Signature: _____

Email form to info@medfordchemists.com