



Prescription Center

Direct Payment Authorization Form St. Paul's Students

This form authorizes regularly scheduled payments to be made from your credit card. Your payments will be made automatically on the specified day. Proof of payment will appear on both your bill as well as the statement you receive from your financial institution.

We CAN NOT use flexible spending cards unless you pay at time of service

(Before we deliver the prescription)

Student (Client) Information:

Name _____

Grade _____

Date of Birth _____

Parent/Responsible Party Information:

Name _____

Email _____

Address _____

Phone Number: _____

Please Pick One:

One Monthly Payment _____

Or

Charge Credit Card Every Time There's a Copay _____

Credit Card Information:

Master Card _____ Visa _____ American Express _____ Discover _____

Credit Card Number _____ Expiration Date _____

Name On Card _____ Signature _____

Office Use Only: Patient Code _____

Insurance Information

St. Paul's Student

Student Name: _____

Student Date Of Birth: _____

Allergies To Any Medications: _____

I Pledge ID # If Applicable: _____

Full Name Of Insurance: _____

Subscriber On Card: _____

RX Bin Number: _____

ID Number: _____

RX PCN: _____

RX Group (GRP): _____

Office Use Only: Patient Code _____

If you were unable to fill this information out at St. Paul's orientation or need to update your information that we already have please fill these forms out and send them to 125 North Main Street Concord NH 03301, attention to Brooke Judge or email them to BJudge@prescription-center.com

If there are any questions please call Brooke at 603-223-3154.

Thank you ☺

Office Use Only: Patient Code_____