

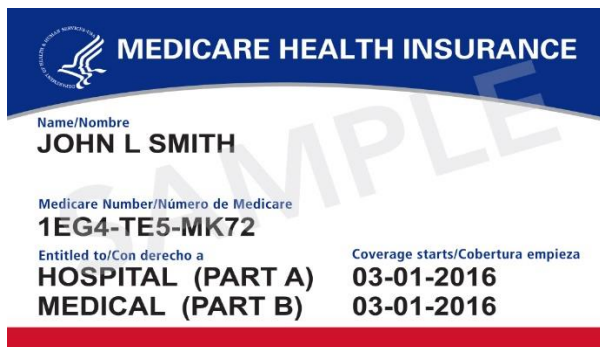
## COVID 19 Vaccine Patient Insurance Information

Please complete the following information prior to your vaccine appointment. If you have any questions or are unsure of anything, please bring all your cards with you and we will assist you at your appointment. COVID 19 vaccine is covered for all Americans with or without insurance. Please complete the appropriate section below:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Medicare Recipients:

Medicare ID (MBI): \_\_\_\_\_



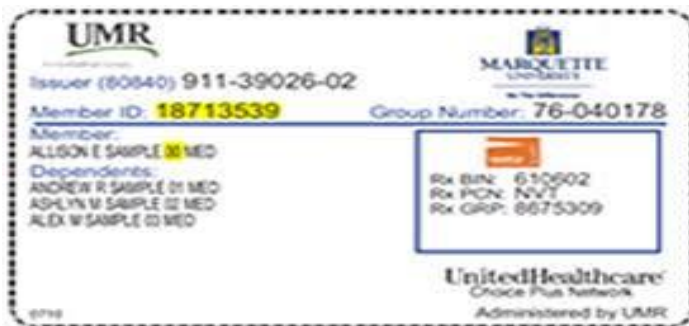
### Commercial Insurance Patients:

RX Bin: \_\_\_\_\_

PCN: \_\_\_\_\_

ID: \_\_\_\_\_

RX Group: \_\_\_\_\_



### Uninsured Patients: (covered under CARES Act)

Social Security Number: \_\_\_\_\_