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### CAMP AVODA New Patient Intake Sheet

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ gender: \_\_\_\_\_  
Drug Allergies: \_\_\_\_\_

#### Pharmacy Insurance Information

Name of Insurance: \_\_\_\_\_  
Bin number: \_\_\_\_\_ PCN number: \_\_\_\_\_  
ID number: \_\_\_\_\_ group number: \_\_\_\_\_

\*\* This information should be found on your prescription ID card, sometimes denoted as RXBIN, RXPCN, and RXGRP.

#### Billing address for Copayments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* We will send a bill to the above address that can be paid via check or we can process a credit card and mail you the receipt.

CC# \_\_\_\_\_ EXP \_\_\_\_\_ Sec code \_\_\_\_\_

