

# RESIDENT ENROLLMENT FORM



## RESIDENT INFORMATION

RESIDENT NAME \_\_\_\_\_  
[FIRST] [MIDDLE INITIAL] [LAST]

SSN# \_\_\_\_\_ - - DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  MALE  FEMALE

COMMUNITY NAME \_\_\_\_\_ APT# \_\_\_\_\_

PRIMARY CARE PHYSICIAN \_\_\_\_\_ PHYSICIAN PHONE \_\_\_\_\_

MEDICAL DIAGNOSIS \_\_\_\_\_ ALLERGIES \_\_\_\_\_

## PRESCRIPTION DRUG INSURANCE

PRESCRIPTION INSURANCE PLAN \_\_\_\_\_ CARDHOLDER ID# \_\_\_\_\_

RX GROUP# \_\_\_\_\_ RX BIN# \_\_\_\_\_ PCN# \_\_\_\_\_

RELATIONSHIP TO CARDHOLDER:  SELF  SPOUSE  OTHER \_\_\_\_\_

*\*A PHOTO COPY OF THE INSURANCE CARD [FRONT AND BACK] MUST BE INCLUDED FOR THE PHARMACY TO PROCESS INSURANCE*

## RESPONSIBLE PARTY INFORMATION

PRIMARY \_\_\_\_\_ RELATIONSHIP TO RESIDENT \_\_\_\_\_  
[FIRST] [LAST]

PHONE \_\_\_\_\_  HOME  CELL EMAIL \_\_\_\_\_

ADDRESS\* \_\_\_\_\_  
[STREET] [CITY] [STATE] [ZIP CODE]

*\*MONTHLY STATEMENTS WILL BE MAILED TO THIS ADDRESS*

SECONDARY\* \_\_\_\_\_ RELATIONSHIP TO RESIDENT \_\_\_\_\_  
[FIRST] [LAST]

PHONE \_\_\_\_\_  HOME  CELL EMAIL \_\_\_\_\_

*\*SECONDARY MUST BE COMPLETED IF RESIDENT IS LISTED AS PRIMARY CONTACT*

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## PAYMENT INFORMATION

TYPE OF CARD (circle):    **VISA**    **MASTERCARD**    **AMERICAN EXPRESS**    **DISCOVER**

NAME ON CARD: \_\_\_\_\_ CARD NUMBER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

\*VISA/MC/DISCOVER: 3 digits on back of card

\*AMEX: 4 digits on front of card

**OR**

ACCOUNT HOLDER NAME: \_\_\_\_\_

ACCOUNT ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ ROUTING #: \_\_\_\_\_

CHECKING ACCOUNT #: \_\_\_\_\_

**Please select an option below and sign.**

*I wish to pay automatically by credit card each month – please enroll me in auto-pay.*

*I will mail in payment by check or call to pay by phone each month, promptly after receipt of Guardian's statement.*

\*If payment is not received from resident within 60 days, Guardian will attempt to contact the responsible party. After which, if payment still has not been received, payment will be drafted from card on file. Credit card will only be used after Guardian notifies responsible party of non-payment of an outstanding balance. Guardian reserves the right to withhold services if payment is 90 days or more past due and no good faith effort has been made to bring the balance current. Payments that remain delinquent may be turned over to collections and reported to credit reporting agencies.

RESIDENT OR RESPONSIBLE PARTY SIGNATURE \_\_\_\_\_