



*** PHARMACY INSURANCE SCREENING FORM ***

Curious what medications a patient is covered for? Let RoxSan Pharmacy do a pre-drug screening for you! Our dedicated staff will save you time and your patient will know what to expect when they pick up their medication. Simply fill out this form and fax to the number below. We will handle all the rest for you and get back to you right away with the information you need. -RoxSan

Clinic Information:

Dr's Office _____ Nurses Name _____

Contact # _____

Patient Name:

Last _____ First _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Fill out below or simply fax us a copy of your insurance card.

Insurance Carrier _____ ID# _____

Group# _____ BIN# _____ Plan Code _____

FAX TO : (310) 276 - 4152

Thank you! We will contact you soon.

Wrk: (310)-273-1644 / 1-888-371-9919 Fax: (310)-276-4152
465 N. Roxbury Dr., Beverly Hills, CA. 90210
After business hours & weekends call 310-273-1644