Secure Choice's Insurance Services
Tele: (904) 242-8893
Fax: (904) 242-0163
Address: 6271 Dupont Station CT E. Jacksonville, FL, 32217

Client Information Form

Please complete this form to ensure your prescriptions, doctors, and contact information are up to date for 2024. Once the form is completed, please save it and send it to us via email at kbansell@comcast.net. Alternatively, you can fax it to (904) 242-0163 or mail it to the above address.

Name _____ **Date of Birth** _____

Address _____

Mailing Address (if Different) _____

Email _____ **Home:** _____ **Cell:** _____

Insurance & Physician's Information

Medicare Number _____ **MEDICAID** No

Medicare Effective Dates: Part A _____ **Part B** _____

Present Coverage _____

Are you satisfied with your current insurance policy? _____

PRIMARY CARE DOCTOR

_____

SPECIALIST

_____

Preferred Hospital _____ **Preferred Pharmacy** _____

Medication Information

MEDICATION	DOSAGE [ex 20MG]	QTY & FREQUENCY