

**PLATTSBURGH ENT  
INSURANCE INFORMATION**

PLEASE HAVE YOUR INSURANCE CARDS AVAILABLE FOR SCANNING

**Primary Insurance:**

Insurance Name: \_\_\_\_\_

Member ID/Subscriber ID: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_

Group Number: \_\_\_\_\_

**Secondary Insurance:**

Insurance Name: \_\_\_\_\_

Member ID/Subscriber ID: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_

Group Number: \_\_\_\_\_

**Tertiary Insurance:**

Insurance Name: \_\_\_\_\_

Member ID/Subscriber ID: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_

Group Number: \_\_\_\_\_

**Pharmacy Information:**

Primary Pharmacy: \_\_\_\_\_

Secondary Pharmacy: \_\_\_\_\_

Mail Order Name: \_\_\_\_\_

79 Hammond Lane Suite #12

Plattsburgh, NY 12901