

# PLATTSBURGH MEDICAL CARE

## Group Insurance Information

PLEASE HAVE YOUR INSURANCE CARD AND PHOTO ID AVAILABLE FOR SCANNING

### Primary Insurance:

Insurance Name: \_\_\_\_\_  
Member ID/Subscriber ID: \_\_\_\_\_  
Policyholder's Name: \_\_\_\_\_  
Policyholder's DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Group Number: \_\_\_\_\_

### Secondary Insurance:

Insurance Name: \_\_\_\_\_  
Member ID/Subscriber ID: \_\_\_\_\_  
Policyholder's Name: \_\_\_\_\_  
Policyholder's DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Group Number: \_\_\_\_\_

### Tertiary Insurance:

Insurance Name: \_\_\_\_\_  
Member ID/Subscriber ID: \_\_\_\_\_  
Policyholder's Name: \_\_\_\_\_  
Policyholder's DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Group Number: \_\_\_\_\_

### Pharmacy Information:

We must have a local pharmacy on file for you for short term medications like antibiotics. If you have a local or mail away provider for diabetic supplies, catheters or other home care needs please on the DME provider line

Primary Pharmacy: \_\_\_\_\_  
Secondary Pharmacy: \_\_\_\_\_  
Mail Order Pharmacy: \_\_\_\_\_  
DME Provider: \_\_\_\_\_

675 Route 3  
Plattsburgh, NY 12901  
518-566-0672