

PATIENT PROFILE

Please complete both pages and mail this form to Express Scripts, PO Box 1086, Bensalem, PA 19020-9380

Alpha Prefix
(if applicable)

9-digit Number

2-digit
Member Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Subscriber ID# (Do not use dependent's Social Security #).

M or F

_____ Last name	_____ First name	_____ Middle initial	_____ Sex
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_____ Mailing address	_____ Apt. or Suite #
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_____ City	_____ State	_____ Zip
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_____ Birthdate (mo/day/yr)	()	_____ Daytime phone #	()	_____ Evening phone #
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Physician information:

_____ Last name	_____ First name	() Phone #
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MAS/

Check all that apply:
Health Conditions

Drug Allergies

- | | |
|--|--|
| <input type="checkbox"/> Asthma (493.90) | <input type="checkbox"/> None |
| <input type="checkbox"/> Arthritis (716.90) | <input type="checkbox"/> Aspirin (03) |
| <input type="checkbox"/> Diabetes (250.0) | <input type="checkbox"/> Codeine (04) |
| <input type="checkbox"/> Depression (311) | <input type="checkbox"/> Erythromycin (09) |
| <input type="checkbox"/> Glaucoma (365.9) | <input type="checkbox"/> Iodine (29) |
| <input type="checkbox"/> High Cholesterol (272.0) | <input type="checkbox"/> Penicillin (01) |
| <input type="checkbox"/> Hypertension (401.90) | <input type="checkbox"/> Sulfa (15) |
| <input type="checkbox"/> Thyroid <input type="checkbox"/> High (242.9) | |
| <input type="checkbox"/> Low (244.9) | |

Other health conditions or drug allergies:

Safety Caps NON-Safety Caps

You authorize release of all information to Blue Cross and Blue Shield of Massachusetts, Inc. and its agents for use in connection with the benefit plan program. Information may also be used for other reporting and analysis purposes without identification of you or your family members.

To realize cost savings, we will dispense FDA-approved generic medications when allowed by your physician, subject to the terms outlined by your plan.

Credit Card Information

VISA MasterCard Discover Card

_____ Credit card number	_____ Expiration date	_____ Signature	_____ Date
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Please note: Completing the Patient Profile for all members allows us to process your prescriptions in the most timely manner. However, it is only mandatory that information be provided for those patients submitting prescriptions at this time.

Dependent #1 Spouse Child **Health Conditions** **Drug Allergies**

Asthma (493.90) None

Arthritis (716.90) Aspirin (03)

Last name Diabetes (250.0) Codeine (04)

Depression (311) Erythromycin (09)

First name Middle initial Glaucoma (365.9) Iodine (29)

High Cholesterol (272.0) Penicillin (01)

Birthdate (mo/day/yr) Sex Hypertension (401.9) Sulfa (15)

Thyroid High (242.9)

Low (244.9)

Other health conditions and drug allergies

Physician information:

Last name First name ()
Phone #

Dependent #2 Spouse Child **Health Conditions** **Drug Allergies**

Asthma (493.90) None

Arthritis (716.90) Aspirin (03)

Last name Diabetes (250.0) Codeine (04)

Depression (311) Erythromycin (09)

First name Middle initial Glaucoma (365.9) Iodine (29)

High Cholesterol (272.0) Penicillin (01)

Birthdate (mo/day/yr) Sex Hypertension (401.9) Sulfa (15)

Thyroid High (242.9)

Low (244.9)

Other health conditions and drug allergies

Physician information:

Last name First name ()
Phone #

Dependent #3 Spouse Child **Health Conditions** **Drug Allergies**

Asthma (493.90) None

Arthritis (716.90) Aspirin (03)

Last name Diabetes (250.0) Codeine (04)

Depression (311) Erythromycin (09)

First name Middle initial Glaucoma (365.9) Iodine (29)

High Cholesterol (272.0) Penicillin (01)

Birthdate (mo/day/yr) Sex Hypertension (401.9) Sulfa (15)

Thyroid High (242.9)

Low (244.9)

Other health conditions and drug allergies

Physician information:

Last name First name ()
Phone #

Dependent #4 Spouse Child **Health Conditions** **Drug Allergies**

Asthma (493.90) None

Arthritis (716.90) Aspirin (03)

Last name Diabetes (250.0) Codeine (04)

Depression (311) Erythromycin (09)

First name Middle initial Glaucoma (365.9) Iodine (29)

High Cholesterol (272.0) Penicillin (01)

Birthdate (mo/day/yr) Sex Hypertension (401.9) Sulfa (15)

Thyroid High (242.9)

Low (244.9)

Other health conditions and drug allergies

Physician information:

Last name First name ()
Phone #