

WEST END SERVICES INC.

135 S. 17TH Street Suite #1 Allentown, Pa 18104 | Phone: (610)437-8850 | Fax: (610)437-8852

Dear Resident or Responsible Party,

I would like to take the opportunity to introduce you to West End Services Inc. The purpose of this packet is to acquaint you with the services provided by West End Services Inc., including our billing practices, privacy notice, and any specific information pertinent to your rights and responsibilities related to pharmacy services.

Please take a brief moment to fill out the attached information and return to us as soon as possible. The information you provide us will help us deliver the right services we provide here at West End Services Inc., and will help us have accurate insurance and billing information on file for the patient. The packet can be returned to pharmacy, faxed, or even sent to us with our delivery technician directly to pharmacy.

If you have any further questions or concerns, please feel free to contact our pharmacy. Our Pharmacy hours are Monday through Friday 9am to 5pm

Sincerely,

RESIDENT ADMISSION RECORD AND AGREEMENT

RESIDENT INFORMATION

FULL NAME _____

SEX: MALE FEMALE SOCIAL SECURITY NUMBER: _____

PRIMARY PHYSICIAN: _____ DATE OF BIRTH: _____

RESIDENT IS SOLELY RESPONSIBLE FOR ALL FINANCIAL AND LEGAL AUTHORIZATIONS: YES NO

FACILITY INFORMATION

FACILITY NAME: _____ FACILITY PHONE NUMBER: _____

FACILITY ADDRESS: _____ PATIENT ROOM NUMBER: _____

ADDRESS

CITY, STATE, ZIP CODE

PRIMARY CONTACT/ FINANCIALLY RESPONSIBLE PARTY PRIMARY CONTACT IS AN ALTERNATE CONTACT THAT WE MAY CONTACT IN REGARDS TO THE PATIENT, THEIR HEALTHCARE, AND/OR FINANCIAL SITUATION:

FULL NAME: _____ RELATIONSHIP TO RESIDENT: _____

ADDRESS: _____ CONTACT NUMBER: _____

ADDRESS

ALTERNATE NUMBER: _____

CITY, STATE, ZIP CODE

PRIMARY CONTACT IS ALSO THE FINANCIALLY RESPONSIBLE PARTY: YES NO

PRIMARY CONTACT IS THE LEGAL REPRESENTATIVE FOR THE RESIDENT: YES NO

A LEGAL REPRESENTATIVE IS A PERSON WHO HAS BEEN GRANTED THE AUTHORITY IN WRITING BE EITHER THE RESIDENT OR A COURT OF LAW TO MAKE MEDICAL AND/OR FINANCIAL DECISION ON BEHALF OF THE RESIDENT. THE LEAGL REPRESENTATIVE IS SOLELY RESPONSIBLE FOR THE FINANCIAL AND LEGAL AUTGHORIZIONS ON BEHALF OF THE RESIDENT.

PRIMARY INSURANCE INFORMATION

INSURANCE COMPANY: _____ ID NUMBER: _____

PATIENT RELATIONSHIP: _____ RX GROUP NUMBER: _____

RX BIN NUMBER: _____ RX PCN NUMBER: _____

*PLAESE ATTACH A LEGIBLE COPY OF THE FRONT AND BACK OF ALL INSURANCE CARDS WITH THIS AGREEMENT

SECONDARY INSURANCE INFORMATION

INSURANCE COMPANY: _____ ID NUMBER: _____

PATIENT RELATIONSHIP: _____ RX GROUP NUMBER: _____

RX BIN NUMBER: _____ RX PCN NUMBER: _____

*PLAESE ATTACH A LEGIBLE COPY OF THE FRONT AND BACK OF ALL INSURANCE CARDS WITH THIS AGREEMEN