


## Insurance

Please provide a copy of the front and back of each insurance card.

### Front

 <b>Your Insurance Company</b>	
Subscriber name	
Identification number XXX000000000	
Group number 00XXXX	RxBIN 000000
	RxPCN 00000000

### Back

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**SUBMIT FORM BY:**  
**MAIL: 401 GLENWOOD AVE STE 101, RALEIGH NC 27603**  
**FAX: (919) 615-0949**