

Huntington Insurance Group

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Client Medicare Information

"No matter who you are, if it has to do with Medicare, we can help!"

www.HuntingtonInsuranceGroup.com

Client Name:

County/Zip Code:

Preferred Method of Contact:

Home Phone: () -

Cell Phone: () -

Email:

Preferred Method (circle one) = Home Cell Email

Doctor List

Hospital(s) of choice:

Primary Care Physician:

City/Town:

Specialists: (Any doctor you visit other than your PCP)

City/Town:

Dentist:

City/Town:

Prescription Drug List

Name and address of the Pharmacy you use:

Full Name of Drug — (as shows on your prescription)

Dosage

Quantity

Frequency

Return completed form to Huntington Insurance Group at your earliest convenience through email, fax, or mail.

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