

**Gordon Family Pharmacy**  
Phone: 828-877-6111  
Fax: 828-877-6487  
Email: [gordonfamilypharmacy@gmail.com](mailto:gordonfamilypharmacy@gmail.com)



518 S Broad St.  
Brevard, NC  
28712

### **Pharmacy Form 2022**

We will do our best to process prescription(s) through your insurance, but please understand that some insurance companies do not contract with all pharmacies. You are fully liable for any balance not paid by your insurance. We can not process prescriptions through your insurance without a copy of both sides of your insurance card. The \$2.50 weekly fee Gordon Family Pharmacy charges for bubble packing is not covered by any insurance.

**All fields are required:**

Camper's First and Last Name: \_\_\_\_\_

Gender: Male | Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Name of Current Pharmacy: \_\_\_\_\_

Current Pharmacy Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Primary Address of Cardholder: \_\_\_\_\_

Member or Cardholder ID #: \_\_\_\_\_ Rx Group #: \_\_\_\_\_

Rx BIN #: \_\_\_\_\_ Rx PCN #: \_\_\_\_\_

**\*\* Please attach a copy of both sides of the insurance card with this form.**

Parent/Guardian Full Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

If I am submitting insurance information, I agree to authorize Gordon Family Pharmacy to contact my insurance company for insurance verification, billing and collections for my child's medication. Our licensed Pharmacy is HIPAA compliant and all personal information received will be solely maintained for the purpose of filling prescriptions and processing insurance claims.

Parent/Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 2022 Session:** Three Week  Four Week  Mini I  Mini II  August Two Week  Junior Camp   
June 3-Week: June 5 to June 24  
July 4-Week: June 27 to July 23  
July Mini I: June 27 to July 9  
July Mini II: July 11 to July 23  
August 2-Week: July 25 to August 6  
Junior Camp: August 8 to August 13

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*High Rocks*

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## **Payment Agreement**

We require that you submit a credit card number to cover all medications and the packaging fee.  
Our Pharmacy does not accept American Express.

Name on the Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV #: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I acknowledge that I am responsible for the cost of any medication not covered by my insurance company, for any medication the pharmacy cannot get reimbursed for, as well as any co-payments, deductibles, and charges for over the counter medication authorized to be charged. Our licensed Pharmacy is HIPAA compliant and all personal information received will be solely maintained for the purpose of filling prescriptions and processing insurance claims and payments.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please feel free to contact Gordon Family Pharmacy**

**with any questions or concerns you may have.**

**Please send this form back to Gordon Family Pharmacy**

**via email, fax, or mail.**