GAUGHN'S DRUG STORE

348 Penna. Ave East
Warren, PA 16365
Phone: (814) 723-2840

**Please Fill Out All Sections To Help Us
Complete Your Request For Diabetic Shoes and Inserts**

Customer Information

First Name:______________________ M.I.:__________ Last Name:__________________________

Address:____ City:__________________________________

State:__________________ Zip:___________________ Sex: M F DOB: ___________________

Home Phone: _________________________________ Cell Phone:___________________________

Insurance Information
(Please present insurance cards)

Medicare Number: ____

Supplemental Insurance Company: ____

Policy #:____

Group #:____

Provider Services
Phone #:____

Medicaid Number: ____

Other Information

Primary Physician treating your diabetes:____
If not a local physician, please provide phone number:_________________________

Podiatrist (if applicable):____
If not a local physician, please provide phone number:_________________________

I hereby authorize Gaughn's Drug Store personnel to release any information necessary to my third party carrier(s) to secure payment of benefits due to me. I also allow Gaughn's Drug Store personnel to contact my Doctor(s) in order to obtain certification and prescription authorization necessary for insurance billing and dispensing of diabetic shoes and/or custom inserts.

SIGNATURE:____ DATE:_________________________