Insurance Information & Secure ID

* indicates a required field

Insurance Information & Secure ID/Card Submission

Please provide the following information from your insurance card. All fields with a red asterisk (*) are required.

If a field is not applicable or is not on your card, please type "N/A" to confirm you have reviewed the item.

* Insurance Company Name: _____

* Member/Subscriber ID #: _____

* Group #: _____

* Policyholder's Full Name (if not you): _____

* Policyholder's Date of Birth: _____

* Relationship to Patient: _____

* Insurance Company Phone #: _____

Secondary Insurance Information

If you have Secondary Insurance, please provide the details below.

Important: If you have both Medicare and Medicaid, or a commercial plan and a government plan (like Medicaid), please enter the secondary plan's information here and be sure to upload photos of all respective insurance ID cards.

If a field is not applicable or is not on your card, please type "N/A" to confirm you have reviewed the item.

Secondary Insurance Company Name: _____

Secondary Member/Subscriber ID #: _____

Secondary Group #: _____

Secondary Policyholder's Full Name (if not you): _____

Secondary Policyholder's Date of Birth: _____

* Secondary Policyholder's Relationship to Patient: _____

Secondary Insurance Company Phone #: _____

Prescription Insurance Details
This information is often found in a separate box on your insurance card labeled "Prescription Info" or "Rx." It is crucial for processing prescriptions and prior authorizations. Please copy it exactly as it appears on your card.
If you cannot find this information on your card, please call the member services phone number on the back of your card and ask for the "pharmacy routing information," specifically the RxBIN, RxPCN, and RxGroup numbers. If they confirm you do not have one, you may enter 'None'.
If a field is not applicable or is not on your card, please type "N/A" to confirm you have reviewed the item.

Please be aware that missing or incorrect information can lead to delays or require you to pay out-of-pocket for your medications.

* RxBIN Number (This is a 6-digit number): _____

* RxPCN Number (This is often a mix of letters and numbers): _____

* RxGroup Number (This may be different from your medical group number):
_____

Patient's Social Security Number
We understand this is sensitive information. Providing your SSN is optional, but it can be very helpful for resolving insurance verification issues or claim rejections quickly. Your information is stored securely in our HIPAA-compliant system and is used for billing purposes only.

Patient's SSN:
Insurance Card & Photo ID Submission: Please send clear photos of the front and back of both your insurance card and a government-issued photo ID (such as a driver's license) via our secure Spruce Health messaging app: https://spruce.care/thriveline

* [ ] I understand and will submit my documents -- Photos of the front and back of a current Government Photo ID & Insurance Card(s) -- securely through Spruce Health.

_____
I consent to sharing information provided here.