## RESIDENT ENROLLMENT FORM



## **RESIDENT INFORMATION**

RESIDENT NAME								
	[FIRST]		[MIDDLE IN	IITIAL]	[LAST]			
SSN#	DOB			MEDICAF	RE ID#	□ MALE □ FEMAL	.E	
COMMUNITY NAME						APT#		
PRIMARY CARE PHYSIC	IAN				PHYSICIAN P	HONE		
					ALLERGIES			
PRESCRIPTION DE								
PRESCRIPTION INSURA	NCE PLAN				CARDHOLDER I	D#		
RX GROUP#		RX BIN	I#		PCN#			
RELATIONSHIP TO CAR	DHOLDER:	□ SELF	□ SPOUSE	E □ OTH	IER			
		-	-			RMACY TO PROCESS INSURAN		
RESPONSIBLE PAR								
PRIMARY			R	ELATIONS	SHIP TO RESIDENT			
[FIRST]		[LAST]						
PHONE	o F	IOME 🗆 CEI	LL EM	IAIL				
ADDRESS*								
	[STREET]		[CI	TY]	[STATE]	[ZIP CODE]		
*MONTHLY STATEMENTS	S WILL BE MAIL	ED TO THIS A	DDRESS					
SECONDARY*[FIRST]	<u> </u>	[LAST]	R	ELATIONS	SHIP TO RESIDENT _			
PHONE	•		LL EM	IAIL				

<sup>\*</sup>SECONDARY MUST BE COMPLETED IF RESIDENT IS LISTED AS PRIMARY CONTACT

## RESIDENT ENROLLMENT FORM



## **PAYMENT INFORMATION**

A valid credit card or ACH payment method is required to be kept on file to secure this account. Please fill out one of the boxes below based on your preferred payment method.

	ACH / Checking Account					
NAME OF BANK	NAME ON ACCOUNT					
	ACCOUNT NUMBER					
Credit Card						
TYPE OF CARD (circle): VISA	MASTERCARD AMERICAN EXPRESS DISCOVER					
NAME ON CARD	CARD NUMBER					
BILLING ADDRESS	EXPIRATION (MMYY)/					
	SECURITY CODE					
	*VISA/MC/DISCOVER: 3 digits on back of card *AMEX: 4 digits on front of card					
	d sign. credit card each month — please enroll me in auto-pay. electronic check each month — please enroll me in auto-pay.					
I will mail in payment by check month, promptly after receipt of C	k each month, pay monthly via online credit card portal, or call to pay by phone each Guardian's statement. *					
payment still has not been received, responsible party of non-payment of	dent within 60 days, Guardian will attempt to contact the responsible party. After which, if payment will be drafted from card on file. Credit card will only be used after Guardian notifies an outstanding balance. Guardian reserves the right to withhold services if payment is 90 days ffort has been made to bring the balance current. Payments that remain delinquent may be sed to credit reporting agencies.					
RESIDENT OR RESPONSIBLE PARTY	'SIGNATURE					