



PRESCRIPTIONS  
TO PREFECTION

**ERIC'S RX SHOPPE AT HOME COVID-19 TESTS**

FIRST NAME ON INSURANCE CARD: \_\_\_\_\_

LAST NAME ON INSURANCE CARD: \_\_\_\_\_

ADDRESS LISTED WITH INSURANCE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ INSURANCE ID: \_\_\_\_\_

MBI OR THE LAST 4 DIGITS OF SS#: \_\_\_\_\_

I CERTIFY THAT I HAVE INSURANCE AND AM ASKING ERIC'S RX SHOPPE TO PROVIDE ME WITH 8 AT HOME COVID-19 TESTS AT ZERO COST TO ME. YOU ARE ALLOWED 8 AT HOME TESTS PER CALENDER MONTH.

**\*PLEASE ATTACH A COPY OF THE INSURANCE CARD TO THIS FORM. \***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_