

Perrone Pharmacy, Inc.
FORM 1 INSTRUCTIONS FOR COVID-19 CONSENT AND RELEASE FORM

SECTION 1: PERSONAL INFORMATION

- A) This section must be filled out in its entirety. Do not leave any blanks. If you do not have an email address, then enter "NONE".
- B) If you do not have information regarding your mother's first name or her maiden name, enter "UNKNOWN".
- C) We must report your race/ethnicity to the Immunization Registry. Please fill in this blank.
- D) You must answer "Yes" or "No" as to whether you have any kind of medical insurance or pharmacy benefit insurance. The vaccination will be provided to you at no cost whether you have insurance or not; however, we are required to bill insurance, if any exists.
- E) In order to complete the vaccination administration process, you **MUST** bring originals or copies of the following documents:
 - i) Your medical benefits card (what you present to the doctor's office);
 - ii) Your prescription drug benefit card (what you present to the pharmacy when picking up prescriptions-some insurance plans have the prescription drug benefit on the same card as the medical benefit **BUT NOT ALL PLANS DO**);
 - iii) If on Medicare, any Medicare Supplemental Coverage card;
 - iv) If on Medicare, your Medicare red, white and blue card; and
 - v) Your current driver's license, Official Photo ID or passport.

SECTION 2: COVID-19 VACCINATION INFORMATION/CHECKLIST

PLEASE READ BEFORE YOUR APPOINTMENT BUT DO NOT FILL OUT UNTIL THE DAY OF YOUR APPOINTMENT.

SECTION 3: CONSENT FOR VACCINATION AND BILLING INSURANCE

THIS SECTION MUST BE DATED AND SIGNED AT THE TIME OF YOUR VACCINATION.

SECTION 4: THIS SECTION TO BE COMPLETED BY THE PHARMACY VACCINE ADMINISTRATOR

PLEASE DO NOT FILL THIS SECTION IN. LEAVE IT BLANK.