

OFFICE USE ONLY

DATE

PATIENT #

CC #

NO MORE RUNNING OUT. NO MORE RUNNING AROUND.

Hands down, the simplest way to ensure you are ready for whatever life throws at you. BlueMail by Planned Parenthood of Northern New England is the most reliable and convenient birth-control source available.

PATIENT INFORMATION

NAME

DATE OF BIRTH

STREET

CITY

STATE

ZIP

SHIPPING INFORMATION (Check box if same as above.)

NAME

STREET

CITY

STATE

ZIP

BILL MY INSURANCE (Check box)

I authorize PPNNE to bill my insurance plan according to their guidelines (monthly or quarterly). This will remain in effect until my prescription expires or my participation is terminated.

BILL MY DEBIT/CREDIT CARD (Check box)

I authorize PPNNE to automatically bill my credit or debit card monthly/quarterly, until my prescription expires or until this agreement is otherwise terminated.

BILLING INFORMATION (Check box if same as above.)

STREET

CITY

STATE

ZIP

CARDHOLDER NAME

SIGNATURE

VISA

MASTERCARD

DISCOVER

CARD NUMBER

EXP. DATE