

Brookshire Brothers

EPCC Enrollment Form

Thanks for choosing the Brookshire Brothers Preferred Customer Card. This program offers you and your family discounted services for prescriptions and *other* services.

THIS IS NOT AN INSURANCE PROGRAM; IT IS A DISCOUNT PROGRAM FOR PREFERRED CUSTOMERS



CARDHOLDER INFORMATION (Please Print)			
Last Name:		First Name:	
Address:	City:	State:	Zip:
Cardholder ID _____ (PPN will assign & fax back to pharmacy)		Date of Birth: MM____DD____YYYY_____	

*All family members will process under Cardholder ID.

Cardholder:

This program is provided by this pharmacy and is administered by ABC Managed Care. This program does not provide insurance coverage. The program offers the cardholder and dependents preferred pricing on prescription medications from this pharmacy. By using this card, you acknowledge and agree that ABC Managed Care may have access to your medication data and use it for administration of this program. In order to make preferred pricing possible, rebates paid by manufacturers for certain medications in this program will be retained by the plan administrator.

Cardholder Signature:	Date:
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PARTICIPATING PHARMACY INFORMATION (Please Print)			
Name: Brookshire Brothers Pharmacy #21		NCPDP: 591005	
Address: 1253 W. Church	City: Livingston	State: TX	Zip: 77351
Area Code: 936	Phone: 936-327-4354	Fax: 936-327-7741	
Pharmacist Name: John Muzny, R. Ph.	Signature:		Date:
AdvancePCS BIN: 004336 RXGRP: AMBCRX	Z 1	Pharmacy Help Desk 800-364-6331	

ESCAPEES MEMBERS: This enrollment form must be mailed to Brookshire Brothers Pharmacy #21, 1253 W. Church, Livingston, TX 77351

(Office use only) Pharmacist, you must submit the RxGroup of AMBCRX and full member ID to AdvancePCS BIN 004336 in order to process claims. FAX FORM TO 714-385-6920

Enrollment Checklist

- Fill out the enrollment form on the back side of this sheet.
 - ✓ *name*
 - ✓ *address*
 - ✓ *date of birth*
 - ✓ *signature*
 - ✓ *date*
- You will see that the pharmacy information has already been filled in for you.
- Clip out your EPCC form and mail it in the courtesy envelope provided.
- Your EPCC form should be mailed directly to
Brookshire Brothers Pharmacy Store #21
1253 W. Church
Livingston, TX 77351

NOTE: Disregard the pharmacist fax number listed on the bottom of the enrollment form. That number is only for the pharmacist to use!

**Questions? Please call the Brookshire Brothers
toll-free customer courtesy line:**

866-727-8449

Your EPCC does cover:

- ⦿ Federal Legend Drugs: Any medicine which bears the legend
“Caution: Federal law prohibits the dispensing without a prescription.”
- ⦿ Insulin and syringes (when ordered by your physician)

Your EPCC does not cover:

- ⦿ Over-the-counter medications
- ⦿ Injectable medications (except insulin, Anakit, EpiPen, and Imitrex)

Remember, this is not an insurance program;
it is a discount program for preferred customers.