



1. Will you consider an alternative/generic drug for brand name? YES NO
2. Please list 2-3 preferred pharmacies you WILL go to \_\_\_\_\_  
\_\_\_\_\_
3. Would you consider mail order if it saved you money? YES NO

Please send me information of Dental Insurance: YES NO

My current Dentist is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

As always, your referrals are very much appreciated. If you know of someone who might benefit from ANY of our services, please complete the following information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

**Please send to:**

Binning Insurance  
P.O Box 574  
DeForest, WI 53532

**Questions?**

Call Maureen at 608-234-1521 or Martin at 608-669-5767.

***Thank you for choosing Binning Insurance!***