

Cal Care Pharmacy

Paperless Billing & Automatic Monthly Payments

GO GREEN GO PAPERLESS!



Cal Care Pharmacy now offers paperless billing statements. To receive paperless statements, simply fill out this form. You will receive an e-mail alert monthly when your statement is ready.

Name: _____

Account Number: _____

E-mail Address: _____

Phone Number: _____



EASYPAY-AUTOMATIC MONTHLY PAYMENTS

To be set up for easy, quick, and convenient monthly payments please fill out the information below. Payment will be charged on the first day of each month or next business day.

I _____, hereby authorize Cal Care Pharmacy to charge monthly statements to this account. I also hereby give Cal Care Pharmacy permission to use my information for billing purposes.

Name: _____

Credit Card Number: _____

Expiration Date: _____

CVV: _____

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