



Prescription Enrollment Form

1. DOCTOR/PRESCRIBER FILL OUT AND

FAX TO: 1-888-773-7386 or Call: 1-888-773-7376

- Faxes will only be accepted from a doctor's office.
- Class II medications cannot be faxed.

Patient Information New Rx Refill

Name: _____

Phone #1: _____ Phone #2: _____

Address: _____

Allergies: _____ No Known Allergies

City: _____ ST: _____ Zip: _____

Health Conditions: _____

Date of Birth (mm/dd/yyyy): ____ / ____ / ____

Expected Start Date: ____ / ____ / ____

Statement of Medical Necessity

Patient Weight: _____ lbs kg Primary Diagnosis: _____ ICD9 Code: _____

Drug Delivery Information

If this drug requires Prior Authorization, please send appropriate documentation (notes, test results, etc.)

In Office Delivery Home Delivery for Self Injection/Administration

Contact: _____

Home Delivery for Home Health Administration

Phone #: _____

Other: _____

Address: _____

Insurance Information

Complete here or fax a copy of the patient's insurance card (both sides). Medicare card is required.

The patient's primary insurance has already been provided. Provide information or fax a copy of patient's secondary insurance card.

Secondary: _____

Insured: _____

ID #: _____ Group #: _____

Phone #: _____ Rx Drug Card #: _____

Rx Bin #: _____ Rx PCN #: _____ Rx Grp #: _____

Doctor/Prescriber Information

NPI # is mandatory. DEA # is required if the prescription is for controlled substances or Medicare/Medicaid.

Name: _____

Office Contact: _____

Address: _____

NPI #: _____ DEA #: _____

City: _____ ST: _____ Zip: _____

Phone #: _____ Fax #: _____

2. COMPLETE THE FOLLOWING Rx FORM –OR– TAPE Rx HERE

Rx			Date: ____ / ____ / ____
Drug Name/Form/Strength	Qty	Directions for Use	Refills
Needles Gauge: ____ Inches: ____ Quantity: ____ Refills: ____		Syringes Volume: ____ Inches: ____ Quantity: ____ Refills: ____	
X _____ Doctor/Prescriber Signature – Dispense as Written Stamped signatures cannot be accepted		X _____ Doctor/Prescriber Signature – Substitution Permissible Stamped signatures cannot be accepted	

Federally approved, generic-equivalent medications will be dispensed for brand-name medications unless otherwise directed by the patient, physician, or health plan.
IMPORTANT CONFIDENTIALITY NOTICE: This and any documents accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.