



Phone: 877.977.9118
Fax: 800.550.6272



Patient Information	Patient's Last Name: _____ Patient's First Name: _____ Gender: _____
	Address: _____ City: _____ State: _____ Zip: _____
	Best Phone Number: _____ Alternate Phone Number: _____
	Weight: _____ kgs or lbs (circle one) Recorded Date: _____
	DOB: _____ Patient ID #: _____ Diagnosis: _____
	Caregiver: _____ Allergies: _____

Insurance Information	Fill out entirely OR fax copy of patient's insurance card - both sides	
	Primary Insurance: _____	Secondary Insurance: _____
	Insured: _____	Insured: _____
	Phone: _____	Phone: _____
	Policy #: _____	Policy #: _____
	RxBIN: _____ RxPCN: _____ RxGroup: _____	RxBIN: _____ RxPCN: _____ RxGroup: _____

Prescription	Drug/Strength	Auth Date/Span	Quantity	Refills

Directions for drug use: _____

Prescriber Information	Date Shipment Needed: _____ Ship to: _____ Patient _____ Physician/Clinic _____
	Ship to Other: _____
	Physician's Name (please print): _____ Contact Name: _____
	Phone #: _____ Fax #: _____ NPI #: _____
	Office Address: _____ City: _____ State: _____ Zip: _____
	Physician's Signature: _____ DEA #: _____

I authorize Diplomat Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

For benefit questions, please call Upper Peninsula Health Plan
Customer Service number for Medicare patients: 877.349.9324
Customer Service numbers for Medicaid patients: 906.225.7500 or 800.835.2556