

Specialty Pharmacy enrollment form

Please complete the following information and mail to Prime Therapeutics Specialty Pharmacy or fax to **866.364.2673**.

Patient information	Last name:		First name:		MI:
	Street address:				
	City:		State:	ZIP:	
	DOB:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Home phone:		Cell:		Work:
Alternate shipping address	Street Address:				
	City:		State:	ZIP:	
Insurance information	Prescription benefit plan:				
	Patient ID#:		Group/Policy #:		
	Subscriber name (if not patient):				
	Insurance company phone #:				
	Medical plan name:				
	Medical plan ID#:		BIN #:		
Patient health information	Height:	Weight:	Diabetic: <input type="checkbox"/> Yes <input type="checkbox"/> No		Insulin dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Primary diagnosis/ICD-10 requiring specialty medicine:				
	Name of specialty medicine:				
	Additional medical condition(s):				
	Drug allergies:				
	List all prescription, over-the-counter and herbal medications taken regularly: (use additional sheet if necessary)				
	Prescriber information	Last name:		First name:	
Office contact:		License #:			
NPI #:		DEA #:			
Street address:					
City:		State:	ZIP:		
Phone number:		Fax number:			

Generic equivalents are usually less expensive than brand-name drugs. If we dispense a brand-name drug, you may be responsible for a higher copay and/or the difference between the brand and generic price of each drug. If allowed by your prescriber, we will dispense a generic equivalent unless you check this box. **I do not accept a generic equivalent.**

Confidentiality notice: The information contained in this communication is confidential and intended for health care treatment. You are obligated to maintain it in a safe, secure and confidential manner. Redisclosure of this information is prohibited except as other permitted by applicable law or appropriate consent. If you are not the intended recipient of this message, or the employee or agent responsible for delivery to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is strictly prohibited. If you have received this message in error, please notify the sender.

6870 Shadowridge Drive, Ste 111, Orlando, FL 32812 | Phone: 866.554.2673 | Fax: 866.364.2673