



Specialty Pharmacy Services Enrollment Form

Phone: (844) 431 - 7277

Fax: (844) 432 - 7277

New York Prescribers, please submit an electronic prescription together with the Enrollment Form

General

For pharmacy locations, please scan QR code



PATIENT INFORMATION

Patient's Name, Last 4 Digits of SS#, DOB, Sex, Weight, Height, Diabetic, Address, City, State, Zip, Allergies, Home Phone, Work Or Cell, HIPAA Contact, Emergency #, Interpreter Needed?

PRESCRIBER INFORMATION

Prescriber Name, MD DO NP PA NPI, Supervising Physician, if applicable, Address, City, State, Zip, Phone, Fax

INSURANCE INFORMATION | PLEASE SEND COPY OF INSURANCE CARD

Primary Insurance, Policy ID, Group #, Policyholder Name, Policyholder DOB, BIN, PCN

PRESCRIPTION INFORMATION

Table with 5 columns: Medication, Dose/Strength, Sig, Quantity, Refills

INJECTION TRAINING

Patient received injection training, Prescriber's office to provide injection technique, Specialty to coordinate injection training, By signing this form and utilizing our services, you are authorizing Specialty to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies, Prescriber Signature, Date, Issued: Substitution Permitted, Issued: Dispense as Written

Interchange is mandated unless the practitioner indicates 'Dispense as Written' or 'No Substitution' in accordance with the law.

CONFIDENTIALITY STATEMENT: For information regarding Privacy Policies, please visit our website at http://www.pricechopper.com/pharmacy/notice-of-privacy-practices or contact our Customer Communication Center at 1-800-666-7677, Option 3.