



Phone: (844) 431 – 7277
 Fax: (844) 432 - 7277

Transplant

For pharmacy locations,
 please scan QR code.



Specialty Pharmacy Services Enrollment Form

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

PATIENT INFORMATION

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

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:

CLINICAL INFORMATION | PLEASE SEND COPY OF PROGRESS NOTES AND LAB REPORTS SUPPORTING DIAGNOSIS

ICD-10 Diagnosis Code:	Hepatic Failure, unspecified without coma (K72.90)	Liver Cell Carcinoma (C22.0)	Chronic Hepatitis C (B18.2)
Other:			

PRESCRIPTION INFORMATION

Medication	Dose/Strength	Sig	Quantity	Refills
Ribavirin	200 mg			
Epclusa	50-200 mg 100-400 mg			
Harvoni	33.75-150 mg 45-200 mg 90-400 mg			
Pegasys	180 mcg/mL 180 mcg/0.5 mL			
Promacta	12.5 mg 25 mg 50 mg 75 mg			
Sovaldi	200 mg			
Zepatier	50-100 mg			
Other:				
Other:				

By signing this form and utilizing our services, you are authorizing Price Chopper Specialty to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber Signature:	Date:	Prescriber Signature:	Date:
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.