



PRESCRIPTION ENROLLMENT FAX FORM

Fax to: 1.888.773.7386
or Contact by Phone 877.634.8555

- Class II medication prescriptions cannot be faxed.
- Faxes will only be accepted from a doctor's office.
- Stamped signatures cannot be accepted.

PATIENT

DOCTOR/PREScriBER

Member ID or SSN: _____
 Patient Name: _____
 Date of Birth: ___ / ___ / ___
 Address: _____
 City: _____
 Zip: _____ State: _____
 Home Phone: _____
 Height: _____ Weight: _____
 Allergies: _____

 Date of Office Procedure: ___ / ___ / ___
 Primary Diagnosis: _____
 ICD9 Code: _____
 Expected Start Date of Therapy: ___ / ___ / ___
 Date Required: ___ / ___ / ___
 (Allow 48 hours for delivery)

DEA: _____ NPI: _____
 Dr. Name: _____
 Address: _____
 City: _____
 Zip: _____ State: _____
 Phone Number: _____
 Fax Number: _____

INSURANCE

Primary Insurance: AvMed Health Plans
 Insurance Phone: 1.800.452.8633
 Policy Holder's Name: _____
 Group #: _____ Member #: _____
 Phone Number: _____
 Secondary Insurance: _____
 Insurance Phone: _____
 Policy Holder's Name: _____
 Group #: _____ Member #: _____
 Phone Number: _____

Rx FORM

States CA,CT,DE,IL,MA,MN,NH,NJ NY & PA require written prescriptions for syringes and needles

Date: ___ / ___ / ___

Drug Name/Form	Strength	Qty	Directions for Use	Supplies Needed	Refills

X _____
 Dr/Prescriber Signature – Substitution Permissible

X _____
 Dr/Prescriber Signature – Dispense as Written

Drug Delivery Information

If drug requires prior authorization, please send appropriate documentation (notes, test results, etc.)

- In-Office Delivery Home Delivery for Self-injection/administration Home Delivery for Home Health Administration
 Other (delivery to work): _____

Contact: _____ Phone: _____

Address Receiving Shipment: _____

IMPORTANT NOTICE: The document(s) 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.