



Specialty Pharmaceutical Request Form

Please fax completed form to one of the appropriate specialty pharmaceutical providers below.

Accredo Health Group Phone: 866-204-9480 Fax: 800-711-3526 or 866-225-5718	Caremark Phone: 800-237-2767 Fax: 800-323-2445	Qualitas Pharmacy Services Phone: 800-242-0113 Fax: 844-488-2491
BioPlus Specialty Pharmacy Phone: 866-841-4714 Fax: 800-269-5493	Giannotto's Pharmacy Phone: 855-442-6668 Fax: 973-482-9901	AllianceRX Walgreens Prime Phone: 1-888-347-3416 Fax: 1-888-570-4700
	Dunn Meadow Pharmacy Phone: 844-262-8200 Fax: 201-949-3455	

Physician Information:

Name: _____
Office Contact Name: _____
Phone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____
Address: _____
City: _____ State: _____ ZIP Code: _____
State License #: _____ DEA #/UPIN/NPI: _____

Patient Information:

Name: _____
DOB: ____ / ____ / ____ SSN: ____ - ____ - ____
MM DD YYYY
Home Phone: _____ - _____ - _____ Daytime Phone: _____ - _____ - _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Allergies: _____ Height: ____' ____" Weight: _____ lbs or kg
Primary Diagnosis: _____ Dx Code: _____

Insurance Information: Primary Policy: Patient Spouse Parent Other
Primary Insurance: _____ Secondary Insurance: _____
Insured: _____ Insured: _____
Insurance Phone: _____ - _____ - _____ Insurance Phone: _____ - _____ - _____
Policy #: _____ Policy #: _____
Group #: _____ Group #: _____

Prescription: Write below or include an original prescription: New Patient Refill Request

Medication	Strength	Directions	Quantity	Refills

Physician's Signature: _____ Date: _____

Ship Medications to: Patient's Home (shown above) Physician's Office (shown above) Other

Other Address: _____

City: _____ State: _____ ZIP Code: _____

Confidentiality Notice - The document being transmitted herewith may contain information that is privileged and confidential under applicable law at or otherwise. If you are not the intended recipient or an employee responsible for delivering the information to the addressee, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this communication in error, please notify the sender immediately to arrange for return of the original facsimile document.