

Patient Enrollment



DATE	NEEDS BY DATE	SHIP TO: <input type="checkbox"/> PATIENT <input type="checkbox"/> OFFICE - FIRST DOSE <input type="checkbox"/> OFFICE - ALL DOSES <input type="checkbox"/> OTHER:
REFERRED BY	TEL	

PATIENT INFORMATION		ALL INFORMATION IS CONFIDENTIAL AND USED FOR CLINICAL PURPOSES ONLY	
Patient Name	Preferred Name		
Main Phone	Alternative Phone	Date of Birth	Social Security #
Address		City, State, Zip	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> MtF Female <input type="checkbox"/> FtM Male <input type="checkbox"/> other:			
Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> other:			Pronouns
Allergies			<input type="checkbox"/> HIV <input type="checkbox"/> PrEP

PRESCRIBER INFORMATION	
Prescriber Name	
Address	City, State, Zip
Office Contact	Phone

INSURANCE		PLEASE FAX BOTH SIDES OF PRESCRIPTION CARD AND MEDICAL CARD	
Ryan White Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Ryan White Eligibility Period	340B Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Do not bill Medicaid as Secondary
<input type="checkbox"/> Private Insurance ID#:		<input type="checkbox"/> Medicaid ID#:	
<input type="checkbox"/> Medicare Part D ID#:		<input type="checkbox"/> Other: ID#:	

FINANCIAL ASSISTANCE	
<input type="checkbox"/> Meets requirements for clinic's financial assistance program	<input type="checkbox"/> Clinic Pays All <input type="checkbox"/> Patient Pays All at 340B Price <input type="checkbox"/> Clinic Pays Copays

PRESCRIPTION		
<input type="checkbox"/> Sent Using Attached Form <input type="checkbox"/> Faxed Separately <input type="checkbox"/> E-Prescribed <input type="checkbox"/> Phoned In <input type="checkbox"/> Transfer		
Transferring Pharmacy	Phone	Medications

LEFT BLANK

1. In order for a brand name product to be dispensed, the prescriber must write "Brand Necessary" or "Brand Medically Necessary" or any required state-specific language.
2. By signing this form, you are authorizing the pharmacy and its representatives to act on your behalf to obtain prior authorizations for the prescribed medication(s). We will also pursue available copay and financial assistance on behalf of your patients when available.
3. The pharmacy can only accept faxed prescriptions directly from a prescriber's office.
4. Prescribers must comply with any of their state-specific prescription requirements.

Patient Enrollment



PATIENT INFORMATION

Patient Name	Date of Birth
Patient Address	

PRESCRIBER INFORMATION

Prescriber Name	Entity/Organization		
Address	City, State, Zip		
Prescriber Type <input type="checkbox"/> Physician (MD or DO) <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician's Assistant	Supervising Physician (If prescriber is a NP or PA):		
Office Contact	Tel	Fax	
DEA #	NPI #		

PRESCRIPTION INFORMATION

<input type="checkbox"/> Written Below		<input type="checkbox"/> E-Prescribed	<input type="checkbox"/> Phoned In	<input type="checkbox"/> Faxed Separately	<input type="checkbox"/> Compliance Packaging	<input type="checkbox"/> Spanish Instructions
MEDICATION	DOSE/STRENGTH	DIRECTIONS			QUANTITY	REFILLS
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

Dispense As Written (no stamps)

Date

Substitution Permitted (no stamps)

Date

1. In order for a brand name product to be dispensed, the prescriber must write "Brand Necessary" or "Brand Medically Necessary" or any required state-specific language.
2. By signing this form, you are authorizing the pharmacy and its representatives to act on your behalf to obtain prior authorizations for the prescribed medication(s). We will also pursue available copay and financial assistance on behalf of your patients when available.
3. The pharmacy can only accept faxed prescriptions directly from a prescriber's office.
4. Prescribers must comply with any of their state-specific prescription requirements.