

ENROLLMENT FORM

One form per person. Please print clearly.

All insurance information must be completed to process prescription(s).

STEP 1: PATIENT INFORMATION

Name: _____ Date of Birth: _____

Preferred phone: _____ Alternate phone: _____

Email address: _____

Shipping address: _____

City: _____ State: _____ Zip code: _____

Allergies: _____

STEP 2: PRIMARY INSURANCE INFORMATION

Do you have Medicare? (Check all that apply) Medicare A Medicare B Medicare D

Cardholder name: _____ Patient's name: _____

Relationship of patient to cardholder: _____

ID number (include all characters): _____ Rx group number: _____

Rx BIN: _____ Rx PCN: _____

STEP 3: SECONDARY INSURANCE INFORMATION

Do you have secondary insurance? Yes No

Cardholder name: _____ Patient's name: _____

Relationship of patient to cardholder: _____

ID number (include all characters): _____ Rx group number: _____

Rx BIN: _____ Rx PCN: _____

STEP 4: PAYMENT INFORMATION

Method of payment: Credit card (*recommended*) Please bill me

Name on credit card: _____

Credit card account number: _____ Expiration date: _____

Type of card: Visa MasterCard Discover American Express

Billing address: _____

City: _____ State: _____ Zip code: _____

Cardholder signature: _____

By signing above, I authorize Pharmacy Advantage to charge this account for all orders in this membership

(turn over to complete)



STEP 5A: PRESCRIPTION INFORMATION – TRANSFERS

Rx Number	Medication	Last Fill Date	Pharmacy Name	Pharmacy Phone Number
Example: 4392168	Lipitor	10/21/2013	ABC Pharmacy of Michigan	(313) 888-0000

STEP 5B: PRESCRIPTION INFORMATION – NEW PRESCRIPTION

Please attach your prescription(s) to this form and mail to:

PHARMACY ADVANTAGE
Attn: New Member Enrollment
735 John R. Road, Suite 150
Troy, MI 48083

(Most participants can receive a 90-day supply, plus refills up to 1 year where applicable)

STEP 6: SPECIAL INSTRUCTIONS (optional)

Special Instructions: *(Please include any special instructions regarding your order)*

Confidentiality Notice: This communication and any attachments are intended solely for the use of the addressee named above and contain confidential and legally privileged information. If you are not the intended recipient, any dissemination, distribution or copying is strictly prohibited. If you received this communication in error, please notify Pharmacy Advantage by fax or phone immediately. Pharmacy Advantage facsimile machines are secure and in compliance with HIPAA privacy standards.