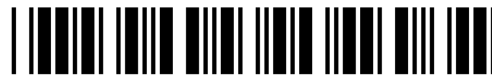
NEW PRESCRIPTION FAX FORM

86125



write for 90 days

Member Information

Cardholder ID #: ____________________
(Include all characters. Leave box blank for spaces.)

Cardholder name: ____________________

STEP 1 Complete all information below.

Prescriber Information

Prescriber Name: ____________________

Fax#: ____________________

NPI #: ____________________
(NPI required for all prescriptions)

DEA #: ____________________
(DEA required for CIII-CV prescriptions)

Telephone #: ___ - ___ - ___

Not for CII prescriptions

STEP 2 Fill in or attach prescription below

Prescriber Name
Address
City, State, Zip

Write or stamp here

(Fill out one form for each Rx)

Patient Name: ____________________

Drug: ____________________

Strength: ____________________

Quantity: ____________________

Directions: ____________________

Refills: ________**(up to 3 refills)**

X

Date: / /

(Stamps are not accepted. Signature required.)
In order for a brand name product to be dispensed, the prescriber must handwrite "brand necessary" or "brand medically necessary" in the space below.

When applicable PRINT Supervising Physician name here ↑

Patient Information

Date of birth:
Telephone #:
Ship to address:

STEP 3

Indicate number of medications on this page.

Have questions?
Call 1 866 834-0449.

For reporting allergies or medical conditions, press option 5 (Monday-Friday 9:00 am - 8:00 pm Eastern.)

STEP 4

Sign this prescription and fax to:

1 866 996-4921

- Fax from the prescriber's secure fax line.
- Do not fax with a cover sheet.
- Incomplete forms will cause a delay in processing.

Confidentiality Notice: This communication and any attachments are intended solely for the use of the addressee named above and contains 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 Catamaran Home Delivery by fax or phone immediately. Catamaran Home Delivery facsimile machines are secure and in compliance with HIPAA privacy standards.

The provision of the information requested in this form is for your patient's benefit. Catamaran Home Delivery does not compensate for completing this form.