

1950 Crestwood Blvd
Irondale, Alabama 35210



"Specialized Pharmaceutical Care"

PHONE:

(205)879-5300 / 888 560-3436

FAX:

(205) 879-5320 / 866-310-5320

ENROLLMENT FORM

Case #: _____ Center Counselor / Team: _____ Date: _____

Name: _____

Address: _____ City: _____ State: AL Zip: _____

Phone Number: _____ Alternate Number: _____

(Circle one): Male or Female Date of Birth: ____ / ____ / ____ SSN#: _____

Check Appropriate Prescription insurance box below. Please Fax a copy of the insurance card.

- ☐ MEDICAID _____
- ☐ MEDICARE PART-D _____
- ☐ OTHER _____
- ☐ IDP/PAP _____

Physician: _____ Phone # _____

Diagnosis/codes (required for some prior auths): _____

Allergies: _____

Contact Person: _____ Relationship to Client: _____

Contact's Phone (if different from above): _____

PLEASE CHECK APPROPRIATE BOX BELOW:

- ☐ This fax is for enrollment ONLY.
- ☐ This fax includes prescriptions
- ☐ Prescriptions are being E-prescribed
- ☐ Please bubble pack medications
- ☐ Patient is on a pill box
- ☐ **MEDS NEEDED BY:** ____ / ____ / ____
- ☐ Other: _____

Please fax this form to Southern Pharmaceutical Services. Please call us with any questions

PHONE: (205)879-5300 or 888-560-3436

FAX: (205)879-5320 or 866-310-5320

1950 Crestwood Blvd, Birmingham AL 35210

Staff Member's Name (please print): _____ Phone: _____

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5/2015