paramount specialty pharmacy

General Enrollment

P: 866.266.6320 • **F:** 866.266.6321
paramountsprx.com

To E-Prescribe: NABP: 5817436

Patient Information

Date Medication Needed: _____ /_____ /_____ Deliver to: ◯ Patient's Home ◯ Prescriber's Office

Patient's Name: _____ DOB: _____ /_____ /_____ Height: _____ Weight: _____

Gender: _____ SSN: _____ - _____ - _____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Allergies: _____

Preferred Language: ◯ English ◯ Spanish ◯ Other: _____

Insurance Information

Primary Insurer: _____ Phone: _____ Person Code: _____

Policy #: _____ Group #: _____ Rx BIN: _____ Rx PCN: _____

Secondary Insurer: _____ Phone: _____ Person Code: _____

Policy #: _____ Group #: _____ Rx BIN: _____ Rx PCN: _____

Spend Down Amount: $ _____

Prescriber Information

Prescriber's Name: _____ Practice: _____

Address: _____ City: _____ State: _____ ZIP: _____

Contact Name: _____ Phone: _____ Fax: _____

DEA: _____ NPI: _____ Packaging Type: ◯ Vials ◯ CAREPaks Pillboxes needed for patient use? ◯ Yes Quantity: _____ ◯ No

Additional Notes: _____

_____

_____

_____

IMPORTANT NOTICE: This fax is intended to be delivered to the named addressee only and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, please notify the sender immediately and destroy this document.