paramount specialty pharmacy

General Enrollment

P: 855.821.6300 • **F:** 866.266.6319
paramountsprx.com

To E-Prescribe: NABP: 3324427

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: _____

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