RxMeds Specialty Pharmacy

465 Boulevard SE, Ste 111A, Atlanta, GA 30312 | Phone (678) 705-5968 | FAX (678) 705-4666 | NPI 1922616572

Dermatology Enrollment Form

Fax completed form with prescription, insurance card copies and clinical notes to (678) 705-4666.

PATIENT INFORMATION

Full name _____ Date of birth _____

Phone _____ Alternate phone _____

Address _____ City / State / ZIP _____

Allergies _____ Weight _____

INSURANCE

Primary plan _____ Member ID _____

BIN / PCN / Group _____ Secondary plan _____

PRESCRIBER

Prescriber name _____ NPI _____

Practice _____ Contact person _____

Phone _____ Fax _____

CLINICAL INFORMATION — DERMATOLOGY

Diagnosis _____ ICD-10 code _____

☐ Psoriasis BSA %: ____ ☐ Atopic dermatitis ☐ Hidradenitis suppurativa

☐ Topicals tried ☐ Phototherapy tried

PRESCRIPTION

☐ Dupilumab ☐ Secukinumab ☐ Ixekizumab

☐ Risankizumab ☐ Guselkumab ☐ Other

Medication / strength _____ Directions (Sig) _____

Quantity _____ Refills _____

☐ Start benefits check ☐ Start prior authorization ☐ Injection training requested

☐ Ship to office ☐ Ship to patient ☐ Urgent (needed in 48 hrs)

Prescriber signature _____ Date _____

CONFIDENTIAL: Contains protected health information. If received in error, notify RxMeds at (678) 705-5968 and destroy.