



Aetna Specialty PharmacySM

Medication Request Form

Customer Service: 1-866-782-ASRX (2779) ■ Fax Order Submission: 1-866-FAX-ASRX (329-2779)

UPON RECEIPT OF THIS FORM, THE PHARMACY WILL FILL COVERED PRESCRIPTIONS AND SEND TO THE PHYSICIAN'S OFFICE OR PATIENT'S HOME, AS DIRECTED.

Today's Date: _____ Date Needed: _____ Shipping to: Physician's Office Patient's Home

Patient's Name: _____ Date of Birth: _____ / _____ / _____

Primary Phone: (_____) _____ (Home, Work, Cell) Other Phone: (_____) _____ (Home, Work, Cell)

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

Gender: M F SSN# _____ Native Language: (If other than English) _____

Insurance Information

Primary Insurance: Aetna Insurance's Phone: (_____) _____
(See back of Patient's ID card)

Insured Name: _____ Relationship to Patient: _____

Insured's ID #: _____ Policy/Group #: _____

Secondary Insurance: _____ Insurance's Phone: (_____) _____
(See back of Patient's ID card)

Insured Name: _____ Relationship to Patient: _____

Insured's ID #: _____ Policy/Group #: _____

Medical Information

Primary Diagnosis: _____ (_____) Secondary: _____ (_____) ICD-9 Code ICD-9 Code

Allergies: _____ Height: _____ Weight: _____

Other Medications: _____

Medication	Strength	Directions	Quantity	# of Refills

Authorization Number: _____
(if required)

Physician Information

Name: _____ St Lic. #: _____ UPIN #: _____ DEA #: _____

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

Phone: (_____) _____ Fax: (_____) _____

Signature (Required) _____

Important Notice: This facsimile is intended to be delivered to the named addressee and may contain material that is confidential, privileged, and proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.

Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, which is jointly owned by Aetna and Priority Healthcare, Inc. Aetna Specialty Pharmacy is a licensed pharmacy that operates through mail order. The charges that Aetna negotiates with Aetna Specialty Pharmacy may be higher than the cost it pays for the drugs and the costs of its specialty pharmacy services. For these purposes, Aetna Specialty Pharmacy's cost of purchasing drugs takes into account discounts, credits, and other amounts that it may receive from wholesalers, manufacturers, suppliers, and distributors.

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