CuraScript pharmacy™

*Specialized Care, One Patient at a Time*

# Patient Enrollment Form  Fax: 888-773-7386  Phone: 888-773-7376

| | |
|---|---|
| Last Name First Name Date of Birth | Today's Date Date Needed |
| Home Phone Number ( ) Work Phone Number ( ) | Prescriber: |
| Home Address City State Zip | Address City State Zip |
| Shipping Address (If different from home address) | Phone Number ( ) Fax Number ( ) |
| Social Security Number | Language Preference: ☐ English ☐ Spanish ☐ Other _____ |

**INSURANCE INFORMATION:**
(fill out entirely or fax a copy of patient's Insurance card, both sides)

**Primary Insurance:** _____

Insured: _____

Policy Number: _____

Group Number: _____

Phone Number: _____

Rx Drug Card Number: _____

**Secondary Insurance:** _____

Insured: _____

Policy Number: _____

Group Number: _____

Phone Number: _____

Rx Drug Card Number: _____

**COMPLETE THE FOLLOWING:**

☐ **Right Knee** ☐ **Left Knee** ☐ **Both Knees**

**Medication:** **Supartz® 25mg/2.5ml** _____

Direction for Use: _____

_____

**Quantity:** ☐ **5 syringes** ☐ **10 syringes**

**Prescriber Signature:** _____

**Prescriber Name:** _____

**Prescriber DEA/UPIN:** _____

CuraScript's Specialty Pharmacy Services ensures that every patient is just that – a *patient*, not a number. We give physicians, patients and caregivers access to:

- EXPERIENCED pharmacists and nurses that understand the scope of each disease state they treat
- CARING and compassionate social services professionals to provide support and guidance
- EXPERT reimbursement personnel to assist patients through the "maze" of insurance coverage
- RELIABLE, timely and convenient delivery to meet everyone's needs

**Statement of Medical Necessity**

Primary Diagnosis: _____ ICD 9 Code _____



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