



Enrollment Options:

- Call: (800) 456-2112
- Fax: (248) 358-9335
- Email: DataEntry@PharmacyAdvantageRx.com
- Mail:
Pharmacy Advantage
1191 South Blvd E
Rochester Hills, MI 48307
- Website: PharmacyAdvantageRx.com

New Patient Enrollment Form

Patient Information

Name:		Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address:		Apt #:	Last 4# of SSN:
City:		State:	Zip Code:
Phone:	<input type="checkbox"/> Mobile <input type="checkbox"/> Home	Emergency Contact Name:	
Email:		Emergency Contact Relationship:	
Allergies:		Emergency Contact Phone #:	
Driver's License #:		Driver's License State:	

All copays and charges will be billed to the above address

To enroll in automatic payments, please contact (800) 456-2112 Option #5

Primary Insurance Information

Please select all that apply:			
<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other	
Cardholder Name:			
Insurance Plan:		ID Number:	
RxGroup:	RxBin:	RxPCN:	
Relationship to Cardholder:			

Secondary Insurance Information

Cardholder Name:			
Insurance Plan:		ID Number:	
RxGroup:	RxBin:	RxPCN:	
Relationship to Cardholder:			

Prescription Transfers (If Applicable)

Prescription #	Medication	Pharmacy Name	Pharmacy Phone #

By submitting this enrollment, you are authorizing Pharmacy Advantage to fill your prescriptions.

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