PHARMACY ADVANTAGE
Specialty Pharmacy

Enrollment Form
The easiest way to enroll is to call (800) 456-2112

Or you may Mail, Fax or Email in this form to:

DataEntry@PharmacyAdvantageRx.com
Web Site: PharmacyAdvantageRx.com

1191 South Blvd E
Rochester Hills, MI 48307
Phone: (800) 456-2112
Fax number: (248) 358-9335

Patient Information

Name_____Date of Birth_____Cell Phone_____

Patient Email_____ Allergies_____

Shipping Address_____City_____State:_____ZipCode:_____

Emergency Contact Name _____Relationship_____Phone_____

*All copays and charges will be billed to the above address
If you would like to sign up for automatic payments, please contact (800) 456-2112 Option 5

Insurance Information
Check all that applies: ___Medicare A   ___Medicare B   ___Medicare D

Cardholder Name_____Patient Name_____

Insurance Plan_____ID Number_____Relationship to Cardholder_____

RX Group_____ RX Bin_____RX PCN_____

Secondary Insurance Information

Cardholder Name_____Patient Name_____

Insurance Plan_____ID Number_____Relationship to Cardholder_____

Rx Group_____ Rx Bin_____Rx PCN_____

Prescriptions Transfers (If Applicable)

Prescription Number	Name of Medication	Pharmacy Name	Pharmacy Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

*This document is intended for the use of the addressee named above. This form contains confidential information. If you are not the intended recipient, any distribution or copying is prohibited. If you received this in error, please contact Pharmacy Advantage by phone or fax. Pharmacy Advantage fax machines are secure and in compliance with HIPAA privacy standards.

8/30/2022