

Patient Enrollment Form

Referral Form Checklist

- Please complete the Referral form in its entirety.
- Include a copy of the **front & back** of the patient's insurance card.
- Include a recent copy of the patient's clinical notes to aid in the completion of the Prior Authorization form(s).
- Verify that the Doctor/Prescriber has signed the Referral Form.
- Fax all information to: **877-892-4007**

When you refer a patient to DirectRx, you can expect us to provide the following benefits:

- Immediate confirmation of receipt of your patient referral
- Status updates
- Thorough and timely processing of the patient's information and prescription, and a complete benefit investigation
- Assistance with prior authorization forms
- Communication with the patient to:
 - Inform them of receipt of their doctor's prescription by DirectRx
 - Explain the prior authorization process, if applicable
 - Notify of out-of-pocket costs
 - Obtain permission and assist in enrollment of copay assistance programs or completing funding applications when needed
- Pharmacist counseling for your patient with 24 hour on-call assistance availability

If you have any questions, please feel free to call DirectRx at 855-362-3397



830 Kirks Blvd Ste 300 • Troy, MI 48084
Phone: 855-362-3397 • Fax: 877-892-4007

Patient Information			
<input type="checkbox"/> New Rx	<input type="checkbox"/> Refill		
Name	Date of Birth	Home Phone Number	Other Phone Number
Address		City	State Zip
Patient SS#	<input type="checkbox"/> Allergies		<input type="checkbox"/> No Known Allergies

Drug Delivery Info	
Date Shipment Needed:	Ship to: <input type="checkbox"/> Patient <input type="checkbox"/> Clinic

Insurance Info [Fax a copy of the patient's insurance card (both sides).]

Doctor/Prescriber Info [NPI # is mandatory.]			
Name:	Office Contact:		
Address:	City:	State:	Zip:
NPI #	Phone #	Fax #	

Statement of Medical Necessity ** Please FAX recent clinical notes, tests, with the prescription to expedite the Prior Authorization.

Medication	Dose/Strength	Directions	Qty	Rfs
Tacrolimus capsules	<input type="checkbox"/> 0.5mg <input type="checkbox"/> 1mg <input type="checkbox"/> 5mg			
Tacrolimus compounded liquid	<input type="checkbox"/> 0.5mg/1ml <input type="checkbox"/> 1mg/1ml			
Rapamune [®] (sirolimus)	<input type="checkbox"/> 0.5mg <input type="checkbox"/> 1mg <input type="checkbox"/> 2mg <input type="checkbox"/> 1mg/ml			
Neoral [®] (cyclosporine)	<input type="checkbox"/> 25mg <input type="checkbox"/> 100mg <input type="checkbox"/> 100mg/ml			
Myfortic [®] (mycophenolic acid)	<input type="checkbox"/> 180mg <input type="checkbox"/> 360mg			
Cellcept [®] (mycophenolate)	<input type="checkbox"/> 200mg/ml <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg			
Valcyte [®] (valganciclovir)	<input type="checkbox"/> 450mg <input type="checkbox"/> 50mg/ml			
Vfend [®] (voriconazole)	<input type="checkbox"/> 50mg <input type="checkbox"/> 200mg <input type="checkbox"/> 40mg/ml			
Zortress [®] (everolimus)	<input type="checkbox"/> 0.25mg <input type="checkbox"/> 0.5mg <input type="checkbox"/> 0.75mg			
Azathioprine	<input type="checkbox"/>			
Prednisone	<input type="checkbox"/>			
Sandimmune [®] (cyclosporine)	<input type="checkbox"/>			

Doctor/Prescriber Signature

Date

Federally approved, generic-equivalent medications will be dispensed for brand-name medications unless otherwise directed by the patient, physician, or health plan. **IMPORTANT CONFIDENTIALITY NOTICE:** This and any documents accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity name above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the content of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

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