

Referral Form Checklist

To ensure the best possible insurance coverage, please provide:

- Completed and signed prescription referral form
- A copy of patient's insurance card and demographic information
- Copy of patient's most recent clinical notes



Complete referral form checklist and **provide required insurance and clinicals**.

Fax to: 877-892-4007

Required: Sending this documentation will ensure all insurance requirements are met



Send e-Scripts to: GabeCare DirectRx d/b/a DirectRx Pharmacy 830 Kirts Blvd. Suite 300 Troy, MI 48084 NPI: 1194725705

Tip: DirectRx can be found via a general pharmacy search by zip-code (48084)

Please remind the patient that DirectRx will be contacting them to schedule their medication delivery.

(P) 855-362-3397

Compassionate Connections. Successful Outcomes. Healthy, Happy Patients.

www.directrx.com



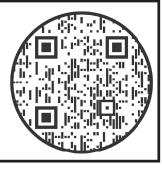
Your prescription will be processed by DirectRx Pharmacy.

Here is what you can expect next:

- A personalized Welcome Call
- Complete review of your insurance
- Free and convenient delivery
- On-going care and support

A member of our team will be contacting you shortly.

Please scan the QR Code to add DirectRx's phone number, (855) 362-3397, to your contact list.



(855) 362 - 3397 I info@directrx.com

Compassionate Connections. **Successful** Outcomes. **Healthy,** Happy Patients. www.directrx.com



Su receta será procesada por DirectRx Pharmacy.

Esto es lo que puede esperar de nosotros en el futuro:

- Una llamada de bienvenida personalizada
- Revisión completa de su seguro medico
- Entrega gratuita y cómoda
- Atención y apoyo continuos

Un miembro de nuestro equipo se comunicará con usted muy pronto.

Escanee el código QR para agregar el número de teléfono de DirectRx, (855) 362-3397, a su lista de contactos.



Conexiones **Compasivas**. Resultados **Exitosos**. Pacientes **Sanos** y Felices. www.directrx.com



Hyponatremia Samsca(Tolvaptan) Referral Form

830 KIRTS BLVD, STE 300 • TROY, MI 48084 855.362.3397 • Fax: 877.892.4007

SPANISH SPEAKING

FOR MORE INFORMATION/REFERRAL FORMS VISIT WWW.DIRECTRX.COM

Patient Information						
Name Date of Birth		Home Phone Number		Other Phone Number		
Address		City		State	Zip	
Patient SS# [Recommended]		Allergies			No Known A	lleraies
						licigics
Caregiver Information			7			
Caregiver Name:	Relation to Patient:		Phone Number:			
Hospital Information						
Hospital Contact Name:	Hospital Name:		Phone Number:			
Prescriber Information						
Prescriber Name:		City		State	Zip	
Address		Phone #		Fax #		
NPI #		Email Address:				
Preferred Method of Prior Authorization: Cover My Meds Contact Insurance Directly Other						
Statement of Medical Necessity						
ICD-10 Diagnosis code(s): **Please check all that app	oly					
E87.1 Hypo-osmolality and Hyponatremia E22.2 SIADH Other:						
Inpatient Treatment Initiation Date: Anticipated Discharge Date:						
Has the patient been admitted or readmitted to the hospital in the last 30 to 90 days? Yes No						
Has the patient failed on other therapies? (e.g. fluid restriction or high dose diuretics) Yes No						
Based on the patient's history, is patient at risk for hospital readmission in the next 30 days? Yes N_0						
Serum Sodium prior to Samsca (Tolvaptan) initiation:						
Total quantity dispensed since hospital admission:]					
Will patient receive a dose of Samsca (Tolvaptan) on discharge date? Yes No						
Medication	Dose/Strength	۱		Sig	Qty	Refills
Samsca (Tolvaptan)	15mg					
	30mg					

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. I authorize DirectRx, Inc and it's representatives to act as an agent to initiate & execute the insurance prior authorization and any future fills of the same prescription for the patient listed above. I understand that I may revoke this right at any time by providing written notice to DirectRx, Inc.

IMPORTANT CONFIDENTIALLY 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. He 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. ©2013 DirectRx · All Rights Reserved