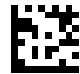
CenterWell Pharmacy

Provider Fax Form

216



Patient Information

Member ID ____ - ____

Date of Birth ___ / ___ / ____

Gender
- Male
- Female

First Name

Last Name

M.I.

Street Number

Street Name

Apt/Suite #

City

State

ZIP Code ____ - ____

Phone Number ___ - ___ - ____

Allergies: No Known Aspirin Codeine Penicillin Peanuts Sulfa Other ______________________

Prescriber Information

Prescriber First Name

Prescriber Last Name

M.I.

DEA Number

NPI Number

Street Number

Street Name

Suite #

City

State

ZIP Code ____ - ____

Phone Number ___ - ___ - ____

Fax Number ___ - ___ - ____

Prescription Information

℞ Must be **completed**, **signed** and **faxed** from provider's office. This is not valid for CII medications. We will dispense a 90-day supply unless the quantity is otherwise noted or if the medication is a controlled substance. In order to require that a brand name product be dispensed, the prescriber must write 'brand medically necessary'.

	Drug Name and Strength	Directions	Quantity (Alpha & Numeric required for controlled substances)	# of Refills
1.				
2.				
3.				

Prescriber signature: **(required)** ________________________________ **Today's date:** _____ / _____ /_____

Supervising prescriber signature: **(if applicable)** ______________________ **Today's date:** _____ / _____ /_____

Supervising prescriber DEA number: ________________ **Supervising prescriber NPI number:** ________________

Please fax completed form with secure cover sheet to CenterWell Pharmacy™: **800-379-7617**

-or-

Send this prescription electronically (eRx) by selecting "Humana Pharmacy (Now CenterWell Pharmacy)" from the list of pharmacies on your e-prescribing tool. All electronic prescriptions from your office will be routed through SureScripts directly to CenterWell Pharmacy.

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PLEASE NOTE: It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. CenterWell Pharmacy will dispense a U.S. Food & Drug Administration (FDA)-approved generic equivalent whenever available, when permitted by the prescriber and allowable by law. **If you do not want a generic equivalent**, write 'brand medically necessary', which may result in a higher copay for the patient. It can take up to 48 hours to be entered into our system after your fax is received.