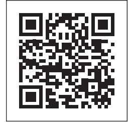
CureStat Rx
Home Infusion and Specialty Pharmacy

SPECIALTY PHARMACY REFERRAL FORM



PATIENT INFORMATION

Last Name	First Name	Home Phone	Work/Mobile Phone

Address	City	State	Zip Code
Address (if different from above)	City	State	Zip Code

Social Security #	Gender (M/F)	Date of Birth	Weight	Height	Primary Diagnosis (Please provider ICD-10 Code plus Description)

Special Instructions (Allergies, language preference, etc.)

Email	Emergency Contact & Phone	Primary Caregiver & Phone

PRESCRIBER / SHIPPING INFORMATION

**INDICATES REQUIRED FIELD*

Practice / Facility Name	Provider First and Last Name	Phone*	Fax
Address*	City*	State*	Zip Code*
NPI #*	Nurse / Key Contact	Phone or Pager #	E-mail

Date Shipment Needed	Ship to: (Patient / Provider Clinic / Other	Permission to Contact Patient (Y/N)

INSURANCE INFORMATION: (PLEASE FAX FRONT AND BACK COPY OF ALL INSURANCE CARDS (PRESCRIPTION AND MEDICAL)

Primary Insurance	Phone	Name / SS # of Insured	ID #	Group #
Secondary Insurance	Phone	Name / SS # of Insured	ID #	Group #

Other Insurance / Prescription Drug Vendor (Rx Bin #)

MEDICATION	Dose / Strength	Direction for Use	Quantity	Refills

PRESCRIBER SIGNATURE *(PRESCRIBER, PLEASE SIGN AND DATE BELOW)*

Dispense as written	Date	Substitution Permissible	Date

I authorize Cure Stat Rx Home Infusion, Specialty, and Compounding Pharmacy and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so, to release clinical information via phone to the appropriate third party payer.

Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying information. If you received this communication in error, please notify the sender immediately at the address and telephone numbers set forth herein and obtain instructions as to proper destruction of the transmitted material. Thank you.