



KINGS PHARMACY

Kings Pharmacy 33 Park Avenue Newark, NJ 07104 Phone: 888-644-8633 Fax: 800-922-5150

HIV ENROLLMENT FORM

DATE _____ NEEDS BY DATE _____ SHIP TO Patient Office

PATIENT INFORMATION

(Complete the following or send patient demographic sheet)

Patient Name _____ Date of Birth ____/____/____ Sex: Male Female
Address _____ City _____ State _____ Zip _____
Home Phone _____ Alternate Phone _____ Social Security # _____

PRESCRIBER INFORMATION

Prescriber's Name _____ DEA # _____ NPI# _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____

INSURANCE INFORMATION

(Please copy and attach the front and back of insurance and prescription drug card)

Prescription Card Name of Insurer _____ ID# _____ BIN _____ PCN _____ Group _____
Primary Insurance Subscriber _____ ID# _____
Is the Patient eligible for Medicare? Yes No

STATEMENT OF MEDICAL NECESSITY

(Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization)

Diagnosis Description _____ Other _____ Date of Diagnosis _____

OTHER CLINICAL INFORMATION/COMMENTS

Diagnosis: _____ ICD-9: _____
Serum Creatinine: _____
CD4 Count: _____ Viral Load: _____
Date of labs: _____ (please submit a copy of DEXA w/prescription)

PRESCRIPTION INFORMATION

Table with 5 columns listing various medications (Atripla, Combivir, Complera, Egriftra, Emtriva, Edurant, EpiVir, Epzicom, Fuzeon, Intelence, Isentress, Kaletra, Lexiva, Mepron, Norvir, Prezista, Rescriptor, Retrovir, Reyataz, Selzentry, Serostim, Stribild, Sustiva, Trizivir, Truvada, Viramune, Viread, Ziagen, Zithromax, Other) with their respective dosages and instructions.

Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization

Please enroll my patient into the following manufacturer support program: _____

I hereby freely and voluntarily have selected Kings Pharmacy to dispense the medication herein prescribed by my physician.

Patient Signature: _____

PHYSICIAN'S SIGNATURE

PRODUCT SUBSTITUTION PERMITTED

(Date)

DISPENSE AS WRITTEN

(Date)

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