



Phone: (844) 431 – 7277

Fax: (844) 432 - 7277

Oncology

For pharmacy locations, please scan QR code.



Specialty Pharmacy Services Enrollment Form

New York Prescribers, please submit an electronic prescription together with the Enrollment Form

PATIENT INFORMATION

Patient's Name:	Last 4 Digits of SS#:	DOB: / /	Sex: M F	Weight:	Height:	Diabetic: Y N
Address:	City:	State:	Zip:	Allergies:		
Home Phone:	Work Or Cell:	HIPAA Contact:	Emergency #:	Interpreter Needed? Y N		

PRESCRIBER INFORMATION

Prescriber Name:	MD DO NP PA NPI:		
Supervising Physician, if applicable:			
Address:	City:		
State:	Zip:	Phone:	Fax:

INSURANCE INFORMATION | PLEASE SEND COPY OF INSURANCE CARD

Primary Insurance:	Policy ID:	Group #:
Policyholder Name:	Policyholder DOB:	BIN: PCN:

INJECTION TRAINING

Patient received injection training	Prescriber's office to provide injection technique	Pharmacy to coordinate with the patient		
Care Setting:	Infusion Clinic	Outpatient	Home Health	MD Office

CLINICAL INFORMATION | PLEASE SEND COPY OF PROGRESS NOTES AND LAB REPORTS SUPPORTING DIAGNOSIS

ICD-10 Diagnosis Code: _____
Concomitant Medications: _____

PRESCRIPTION INFORMATION

Abiraterone Acetate	Degarelix	Ixempra	Portrazza	Tafinlar	Tykerb	Zykadia
Abraxane	Docetaxel	Jevtana	Proleukin	Targretin	Valstar	Other:
Afinitor	Erbitux	Kisqali	Rydapt	Tasigna	Vidaza	Other:
Alimta	Erlotinib	Kyprolis	Sprycel	Temodar	Votrient	Other:
Bexarotene	Everolimus	Lupron Depot	Sylvant	Temsirolimus	Xeloda	Other:
Capecitabine	Gleevec	Mekinist	Sunitinib Malate	Thyrogen	Xgeva	Other:
Darzalex	Halaven	Odomzo	Supprellin	Trisenox	Zoladex	Other:
Decitabine	Hycamtin	Piqray	Tabrecta	Trelstar	Zolanza	Other:
Dose: _____	Tablets	Capsules	Other: _____	Qty: _____	Refills: _____	
Directions: _____						

By signing this form and utilizing our services, you are authorizing Price Chopper Specialty to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber Signature:	Date:	Prescriber Signature:	Date:
Substitution Permitted:		Issued: Dispense as Written	

Interchange is mandated unless the practitioner indicates 'Dispense as Written' or 'No Substitution' in accordance with the law.

CONFIDENTIALITY STATEMENT: For information regarding Privacy Policies, please visit our website at <http://www.pricechopper.com/pharmacy/notice-of-privacy-practices> or contact our Customer Communication Center at 1-800-666-7677, Option 3.

