



60 Market Center Dr. #103, Collierville, TN 38017
 O: 901.316.5752 TP: 855.344.8724 F: 901.316.5760 TF: 844.588.5560
 beneverepharmacy.com

TODAY'S DATE: _____
 NEW PATIENT CURRENT PATIENT

General Prescription Referral Form

PATIENT INFORMATION

Patient Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell _____
 DOB _____ SSN _____
 Drug Allergies _____ Male
 Patient Weight: _____ Height: _____

PRESCRIBER INFORMATION

Prescriber Name _____ Lic# _____
 DEA# _____ NPI _____
 Practice Name _____
 Address _____ Suite _____
 City _____ State _____ Zip _____
 Office Phone _____ Fax _____
 Office Contact _____

INSURANCE, MEDICARE OR MEDICAID INFORMATION

Primary Insurance _____ Secondary Insurance (if applicable) _____
 Policy # _____ Group _____ Policy # _____
 Insurance Phone _____ Insurance Phone _____
 Prescription Drug Coverage: Company _____ Phone _____
 RXGRP# _____ RXBIN# _____ PCN/ID# (if available) _____

COMPLETE OR FAX FRONT AND BACK COPIES OF INSURANCE, PRESCRIPTION AND/OR CO-PAY ASSISTANCE CARDS

CLINICAL INFORMATION

Primary Diagnosis: _____ ICD9: _____
 Currently on therapy: Yes No _____ Date Treatment Started: _____
 Pertinent PMH/Diagnostic Testing: _____

DRUG NAME	DOSE/FREQUENCY	DIRECTIONS FOR USE	QTY	REFILLS

Deliver to: Patient's home MD's Office 1st dose to MD's Office, remaining refills to patient's home
 If applicable: Patient has received injection training Physician's office to provide injection training Benevere Rx to coordinate injection

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

Prescriber's Signature (signature required. NO STAMPS) _____ Date _____

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.