GENERAL ENROLLMENT FORM

SHIP TO: ☐ Patient ☐ Clinic ☐ Other Date: Needs By Date:

PATIENT INFORMATION

Patient Name

Address City State Zip

Email

Language DOB (mm/dd/yyyy)

☐ Female ☐ Male

Gender

☐ Cell ☐ Home ☐ Work

Preferred Phone

☐ Cell ☐ Home ☐ Work

Alternate Phone

Emergency Contact Person

Relation To Patient

PRESCRIBER INFORMATION

Prescriber Name Specialty

DEA NPI

Facility Name

Address City State Zip

Phone Fax

Office Contact Phone

INSURANCE INFORMATION *Please fax FRONT and BACK copy of all insurance cards (Prescription and Medical)*
CLINICAL INFORMATION *Please fax a list of current medications and OTCs for patient*

I have reviewed and understand the content of this authorization. By signing this form, I confirm that it accurately reflects my wishes.

PATIENT SIGNATURE OR AUTHORIZED REPRESENTATIVE*

Print Name **Authorization Date**

Costco Specialty Pharmacy partners with Lumicera Health Services to help patients with their specialty medications.