



**PMG of San Jose Patient Enrollment Form**

**Fax: 888.773.7386**

**Phone: 888.773.7376**

Last Name	First Name	Date of Birth	Today's Date	Date Medication Needed
Home Phone Number ( )	Work Phone Number ( )	Prescriber:		
Home Address	City	State	Zip	Address City State Zip
Shipping Address (If different from home address)			Phone Number ( )	Fax Number ( )
Member ID#			Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	

**INSURANCE INFORMATION:**  
 (fill out entirely or fax a copy of patient's Insurance card, both sides)

**Primary Insurance:**  
 \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Group Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Rx Drug Card Number: \_\_\_\_\_

**Secondary Insurance:**  
 \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Group Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Rx Drug Card Number: \_\_\_\_\_

**TAPE PRESCRIPTION HERE PRIOR TO  
 FAXING REFERRAL  
 OR  
 COMPLETE THE FOLLOWING:**

**Medication:** \_\_\_\_\_

Direction for Use: \_\_\_\_\_

**Quantity:** \_\_\_\_\_ **Refill x** \_\_\_\_\_ **month(s)**

**Prescriber Signature:** \_\_\_\_\_

CuraScript's Specialty Pharmacy Services ensures that every patient is just that – a *patient*, not a number. We give physicians, patients and caregivers access to:

- EXPERIENCED pharmacists and nurses that understand the scope of each disease state they treat
- CARING and compassionate social services professionals to provide support and guidance
- EXPERT reimbursement personnel to assist patients through the "maze" of insurance coverage
- RELIABLE, timely and convenient delivery to meet everyone's needs

**Statement of Authorization:**  
 Primary Diagnosis: \_\_\_\_\_ ICD 9 Code: \_\_\_\_\_  
 Authorization Number #: \_\_\_\_\_ Authorization Process Date: \_\_\_\_\_