

Provider Fax Form

216

		Patient Information	Candar	
Member ID		Date of Birth	Gender O Male	
			Female	
First Name		Last Name	M	
Street Number	Street Name		Apt/Suite #	
City		State ZIP Co	ode	
Phone Number		Allergies: No Known Aspi	rin Codeine Penicillin	
		Peanuts Sulfa O Other		
		Prescriber Information		
Prescriber First Nam	e	Prescriber Last Name	M	
DEA Number		NPI Number		
Street Number Street Name			Suite #	
City		State ZIP Co	ode	
Phone Number		Fax Number		
D		Prescription Information		
Must be <u>co</u> 90-day sup	mpleted, signed and faxed f oply unless the quantity is of	rom provider's office. This is not valid for C therwise noted or if the medication is a cor	II medications. We will dispense a ntrolled substance. In order to require	
		be dispensed, the prescriber must write 'b	prand medically necessary'.	
Drug I	Name and Strength	Directions	Quantity (Alpha & Numeric required for controlled substances) # of Refills	
1.				
2.				
3.				
Prescriber signatu	I re: (required)		Today's date: / /	
Supervising prescriber signature: (if applicable) _			_ Today's date: / /	
Supervising presc	riber DEA number:	Supervising prescril	Supervising prescriber NPI number:	
	Please fax completed form w	ith secure cover sheet to CenterWell Pharma	acy™: 800-379-7617	
Send this prescriptic	on electronically (eRx) by sele	- or- cting "Humana Pharmacy (Now CenterWell F	Pharmacy)" from the list of pharmacies o	

Send this prescription electronically (eRx) by selecting "Humana Pharmacy (Now CenterWell Pharmacy)" from the list of pharmacies on your e-prescribing tool. All electronic prescriptions from your office will be routed through SureScripts directly to CenterWell Pharmacy.

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PLEASE NOTE: It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. CenterWell Pharmacy will dispense a U.S. Food & Drug Administration (FDA)-approved generic equivalent whenever available, when permitted by the prescriber and allowable by law. **If you do not** want a generic equivalent, write 'brand medically necessary', which may result in a higher copay for the patient. It can take up to 48 hours to be entered into our system after your fax is received.