

# HIV / AIDS Enrollment Form

Phone: 239-939-9226 / 800-939-2022 Fax: 855-523-0910

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

 Alternate Phone: \_\_\_\_\_ Gender:  Male  Female

Email: \_\_\_\_\_

Primary Language: \_\_\_\_\_

**PRESCRIBER INFORMATION**

Name: \_\_\_\_\_

State License #: \_\_\_\_\_ NPI #: \_\_\_\_\_

DEA #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

*Mail-Meds Clinical Pharmacy and Bliss Rx can accept only original prescription drug orders from patients, and e-prescribed or faxed prescriptions from the prescribing practitioners.*

**INSURANCE INFORMATION**

If available, please fax copy of prescription insurance cards with this form (front and back).

Diagnosis: Primary ICD-10 \_

Other ICD-10 \_

Medication	Strength	Directions	Quantity	Refill	Medication	Strength	Directions	Quantity	Refill
<b>COMBINATION ANTIRETROVIRALS</b>					<b>PROTEASE INHIBITORS</b>				
<input type="checkbox"/> ATRIPLA	300/200/600mg				<input type="checkbox"/> APTIVUS				
<input type="checkbox"/> COMBIVIR	300/150mg				<input type="checkbox"/> CRIXIVAN				
<input type="checkbox"/> COMPLERA	300/200/50mg				<input type="checkbox"/> INVIRASE				
<input type="checkbox"/> DESCOVY	25/200mg				<input type="checkbox"/> EVOTAZ	300/150 mg			
<input type="checkbox"/> GENVOYA	150/150/200/10 mf				<input type="checkbox"/> KALETRA				
<input type="checkbox"/> ODEFSEY	25/200/25 mg				<input type="checkbox"/> LEXIVA				
<input type="checkbox"/> STRIBILD	150/150/200/300mg				<input type="checkbox"/> NORVIR Tabs	100mg			
<input type="checkbox"/> TRIZIVIR	300/150/300mg				<input type="checkbox"/> PREZCOBIX	800-150 mg			
<input type="checkbox"/> TRUVADA	300/200mg				<input type="checkbox"/> REYATAZ				
<input type="checkbox"/> TRIUMEQ	50/600/300mg				<input type="checkbox"/> PREZISTA				
<input type="checkbox"/> <b>NNRTIs</b>					<input type="checkbox"/> VIRACEPT				
<input type="checkbox"/> EDURANT	25mg				<input type="checkbox"/> <b>INTEGRASE INHIBITORS</b>				
<input type="checkbox"/> INTELENCE					<input type="checkbox"/> ISENTRESS				
<input type="checkbox"/> RESCRIPTOR					<input type="checkbox"/> TIVICAY				
<input type="checkbox"/> SUSTIVA					<input type="checkbox"/> VITEKTA				
<input type="checkbox"/> VIRAMUNE					<input type="checkbox"/> <b>ENTRY/FUSION INHIBITORS</b>				
<input type="checkbox"/> VIRAMUNE XR	400mg				<input type="checkbox"/> FUZEON	90 mg Vial			
<input type="checkbox"/> <b>NRTIs</b>					<input type="checkbox"/> SELZENTRY				
<input type="checkbox"/> EMTRIVA					<input type="checkbox"/> <b>GROWTH HORMONES</b>				
<input type="checkbox"/> EPIVIR					<input type="checkbox"/> SEROSTIM				
<input type="checkbox"/> RETROVIR					<input type="checkbox"/> EGRIFTA				
<input type="checkbox"/> VIDEX					<input type="checkbox"/> <b>OTHER MEDICATION</b>				
<input type="checkbox"/> VIREAD					<input type="checkbox"/> AZITHROMYCIN				
<input type="checkbox"/> ZERIT					<input type="checkbox"/> BACTRIM				
					<input type="checkbox"/> FLUCONAZOLE				

Today's Date \_\_\_\_\_ Date Needed: \_\_\_\_\_

 Deliver to:  Patient  Physician  Other: \_\_\_\_\_

**Brand Medically Necessary:**  YES  NO

To Physician: By signing this form and utilizing our services, you are also authorizing Mail-Meds Clinical Pharmacy and/or Bliss Rx to serve as your prior authorization agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.

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

**Date:** \_\_\_\_\_

**CONFIDENTIALITY NOTICE**

**IMPORTANT:** This fax is intended to be delivered only to the named addressee. It contains material that is confidential, 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.