



Healthcare provider sends referral to PharmaScript via secure E-fax line 771.888.6017

To ensure a timely process, all referrals require the following information:

- Download the patient referral form at www.pharmascriptaic.com
- Patient Demographics: Name, DOB, address, phone number, email and emergency contact
- Medication info, diagnosis, height, weight, drug allergies & current or past medication
- Insurance information: Payor name, policy#, group#, phone number, and if available, a front and back copy of insurance card
- Physician information: Full name, NPI, phone, fax number and contact info
- Medication Order (dose, frequency, refills and duration of treatment), medical records and labs.

Intake/Verification

As part of our streamlined referral process, our team does the following:

- Inform referral source/patient that we have received the referral and it's being processed
- Check eligibility for services
- Verify insurance benefits
- Assist with prior authorization requirements
- Help with copay assistance programs if eligible

Processing the prescription

• Once the prior steps are completed, PharmaScript will process the prescription: dispense, counsel and coordinate the delivery with the patient, home health nurse or infusion center coordinator (whichever the case may be). For any refills, the above steps will be repeated as needed.

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