

**Enrollment Options:**

- Call: (800) 456-2112
- Fax: (248) 358-9335
- Email:  
PharmacyAdvantageNewPatientEnrollment@hfhs.org
- Mail:  
Pharmacy Advantage  
1191 South Blvd E  
Rochester Hills, MI 48307
- Website: PharmacyAdvantageRx.com

## New Patient Enrollment Form

### Patient Information

Name:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	Apt #:	Last 4# of SSN:
City:	State:	Zip Code:
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Home	Emergency Contact Name:	
Email:	Emergency Contact Relationship:	
Allergies:	Emergency Contact Phone #:	
Driver's License #:	Driver's License State:	

\*All copays and charges will be billed to the above address\*

To enroll in automatic payments, please contact (800) 456-2112 Option #5

### Primary Insurance Information

Please select all that apply: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid [ <input type="checkbox"/> Other
Cardholder Name:
Insurance Plan: ID Number:
RxGroup: RxBin: RxPCN:
Relationship to Cardholder:

### Secondary Insurance Information

Cardholder Name:
Insurance Plan: ID Number:
RxGroup: RxBin: RxPCN:
Relationship to Cardholder:

### Prescription Transfers (If Applicable)

Prescription #	Medication	Pharmacy Name	Pharmacy Phone #

**By submitting this enrollment, you are authorizing Pharmacy Advantage to fill your prescriptions.**

This document and any attachments are intended for the use of the addressee named above. This form contains confidential information. If you are not the intended recipient, any distribution or copying is prohibited. If you received this document in error, please contact Pharmacy Advantage by phone or fax immediately. Pharmacy Advantage fax machines are secure and in compliance with HIPAA privacy standards.