Fax Prescription Form
Phone: 1-800-818-6486 • Fax: 1-800-818-6490 • www.psipharmacy.com

Please complete the prescription on the following page or attach prescriptions and return by fax to PSI, along with this completed cover sheet. PSI’s fax number is 1-800-818-6490.

If you would like to order pre-populated prescription forms, please contact PSI by phone or fax.

PSI will promptly contact the person listed below with coverage criteria and patient status.

Office Contact: _________________________________________________________________

Preferred Method of Contact: □ Phone: ___________ □ Fax: ___________ □ E-mail: _______________
### Demographics

**Diagnosis (must be filled in with all relevant codes):**

- **Patient:** [ ]
- **Wt:** [ ]
- **DOB:** [ ]
- **Last 4 digits of SSN:** [ ]

- **Address:** [ ]
- **City:** [ ]
- **State:** [ ]
- **Zip:** [ ]

- **Cell #:** [ ]
- **Home #:** [ ]
- **Gender:** [ ]

To expedite the benefits investigation, please attach:

- [ ] Enlarged copy of the front and back of the insurance card
- [ ] Chart notes
- [ ] Labs
- [ ] Supporting clinical documentation

<table>
<thead>
<tr>
<th>Insurance:</th>
<th>Pharmacy Help Desk Phone:</th>
<th>ID Number:</th>
</tr>
</thead>
</table>

**Group Number:** [ ]

<table>
<thead>
<tr>
<th>Rx Group:</th>
<th>Rx BIN:</th>
<th>Rx PCN:</th>
</tr>
</thead>
</table>

---

**Other Medication**

- **Complete Formulation Vitamins**
- **Other Enzyme:**
- **Other Medication:**

---

Practice Name: [ ]

<table>
<thead>
<tr>
<th>Provider Name:</th>
<th>License #:</th>
<th>DEA #:</th>
<th>NPI #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Phone:</th>
<th>Fax:</th>
<th>Email:</th>
</tr>
</thead>
</table>

Prescriber Signature: [ ]

DATE: [ ]