

Enrollment Options:

- Call: (800) 456-2112
- Fax: (248) 358-9335
- Email: [DataEntry@PharmacyAdvantageRx.com](mailto:DataEntry@PharmacyAdvantageRx.com)
- Mail:  
Pharmacy Advantage  
1191 South Blvd E  
Rochester Hills, MI 48307
- Website: [PharmacyAdvantageRx.com](http://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.**

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