



# Aetna Specialty Pharmacy

## Medication Request Form

Customer Service: 1-866-782-2779 (1-866-782-ASRX)

Fax Order Submission: 1-866-329-2779 (1-866-FAX-ASRX)

UPON RECEIPT OF THIS FORM, AETNA SPECIALTY PHARMACY™ WILL FILL COVERED PRESCRIPTIONS AND SEND TO THE PHYSICIAN'S OFFICE, PATIENT'S HOME, OR AMBULATORY INFUSION CENTER, AS DIRECTED.

Today's Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_   
Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Primary Phone: (\_\_\_\_)\_\_\_\_(Home, Work, Cell) Other Phone: (\_\_\_\_)\_\_\_\_(Home, Work, Cell)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Gender: M  F  SSN #: \_\_\_\_\_ Native Language: (If other than English) \_\_\_\_\_

### Insurance Information

Primary Insurance: Aetna Insurance Phone: (\_\_\_\_)\_\_\_\_  
(See back of Patient's ID card)  
Insured Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Insured's ID #: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_ Insurance Phone: (\_\_\_\_)\_\_\_\_  
(See back of Patient's ID card)  
Insured Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Insured's ID #: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

### Medical Information

Primary Diagnosis: \_\_\_\_\_ (\_\_\_\_) Secondary: \_\_\_\_\_ (\_\_\_\_)  
ICD-9 Code ICD-9 Code  
Allergies: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Other Medications: \_\_\_\_\_

Medication	Strength	Directions	Quantity	# of Refills

Authorization Number: \_\_\_\_\_  
(if required)

Administration Site: Physician's Office Patient's Home Home Care Agency Needed Option Care Infusion Center  
Shipping to: Physician's Office Patient's Home Home Care Agency (name and address, if available): \_\_\_\_\_  
Option Care Infusion Center (location address): \_\_\_\_\_

### Physician Information

Name: \_\_\_\_\_ St Lic. #: \_\_\_\_\_ UPIN #: \_\_\_\_\_ DEA #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_)\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_  
Signature (Required): \_\_\_\_\_

**Please save this blank template and reproduce as necessary.**

**Important Notice:** This facsimile is intended to be delivered to the named addressee and may contain material that is confidential, privileged, and proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.

Option Care, Inc, a Delaware corporation provides pharmacy services to patients with acute and chronic conditions.

Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through mail order. The charges Aetna negotiates with Aetna Specialty Pharmacy may be higher than the cost it pays for the drugs and the costs of its specialty pharmacy services. For these purposes, Aetna Specialty Pharmacy's cost of purchasing drugs takes into account discounts, credits and other amounts it may receive from wholesalers, manufacturers, suppliers, and distributors.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include: Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc., Aetna Health Insurance Company of New York, Corporate Health Insurance Company and/or Aetna Life Insurance Company.