

Request to Become a THMP Participating Pharmacy

Please fill out all information and fax to THMP at 512-989-4003.

Check here if your pharmacy will be providing Infusion or Injection only services, and will be designated as a Secondary Site: _____

Pharmacy Legal Name: _____
(as registered with the Secretary of State)

Pharmacy DBA Name: _____

Pharmacy License #: _____

Pharmacist in Charge (PIC): _____

PIC License Number: _____

Pharmacy Email: _____

Other Staff Pharmacist(s): _____

Pharmacy Physical Address: _____

Pharmacy Mailing Address: _____

(if different from above) _____

Pharmacy Classification: _____ Federal Employer ID/Tax ID #: _____

N.A.B.P. #: _____ Medicaid Vendor #: _____

Phone Number: _____ Fax Number: _____

Authorized Representative: _____
(please print clearly)

Signature: _____ Date: _____