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: _____