Change of Pharmacy Form

PATIENT INFORMATION

Patient Name: _____

SSN#: _____ Date of Birth: _____ Cell Phone: _____ Home Phone: _____

Address: _____

CURRENT PHARMACY INFORMATION

Name: _____ Phone: _____ City/State: _____

NEW IN-NETWORK PHARMACY INFORMATION

Name: _____ Phone: _____

Address: _____ City/State: _____

AEW/Clinic Name

Name: _____ Phone: _____ City/State: _____

PRIMARY INSURANCE NAME:

Rx Bin#: _____ Rx Policy ID#: _____

Rx Group#: _____ Person Code: _____ PCN Code: _____

SECONDARY INSURANCE NAME: **RAMSELL**

Rx Bin#: **013469** Rx Policy ID#: _____

Rx Group#: **28002** PCN Code: **TX01AP**

PRESCRIPTION TRANSFER INFORMATION (check for yes)

☐ Medications to transfer: Which do you prefer? ☐ safety caps ☐ non-safety caps

Name/Dosage/Rx: _____ Name/Dosage/Rx: _____

Name/Dosage/Rx: _____ Name/Dosage/Rx: _____

Name/Dosage/Rx: _____ Name/Dosage/Rx: _____

If you have additional medications that need to be transferred, please attach a second page with the prescription information.

>> over

5/2025

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Acknowledgement

By signing below or allowing an agency worker to sign on my behalf, I agree:

- To let DSHS and other state, federal, and local agencies check, share, and get facts about me.
- To let other people, businesses, and organizations share facts they have about me with DSHS.
- The facts to be checked and shared include anything that will assist with the transition of my pharmacy to another, including any insurance or Medicare plan I may be enrolled in.

I also understand:

- That my information may be shared with DSHS, my HIV service providers, primary medical insurer, and agency workers.
- That I must contact my local service provider or THMP if I want an exception to be made.

My answers are true. I certify under penalty of perjury that the information I have provided on this application is true and complete to the best of my knowledge. If it is not, I may be subject to criminal prosecution. I have signed below to show I agree:

_____ _____

Signature of Applicant
(or Parent/Guardian if applicant is age 17 years or younger), or Agency Worker if completed with client over the phone.

Date

5/2025