



Specialty Referral Form

Please complete the form and fax to: **402.861.4941**

877.RxHyVee (877.794.9833)
10004 S. 152nd Street, Suite C
Omaha, NE 68138

Patient Information

Last Name		First Name		Home Phone		Work/Mobile Phone	
Home Address				City		State	ZIP
Shipping Address (if different from above)				City		State	ZIP
Social Security Number	Gender (M/F)	Date of Birth	Weight	Height	Primary Diagnosis (Please provide ICD-9 Code plus Description)		
Special Instructions (Allergies, language preference, etc.)							
Emergency Contact & Phone				Primary Caregiver & Phone			

Insurance Information *Please Fill out Below OR Fax a Copy of All Insurance Cards (Front & Back)*

Primary Insurance	Name of Insured		ID Number	Group Number	BIN	PCN	
Secondary Insurance	Name of Insured		ID Number	Group Number	BIN	PCN	
Other Insurance/Prescription Drug Vendor (Rx Bin #)							

Medication	Dose/Strength	Directions for Use	Quantity	Refills
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Prescriber/Shipping Information **Indicates Required Field*

Practice/Facility Name		Physician First and Last Name*		Phone*		Fax		
Address*				City*		State*	ZIP*	
Physician NPI**		Nurse/Key Contact		Phone or Pager Number		Email		
Date Shipment Needed:		Ship to: <input type="checkbox"/> Patient <input type="checkbox"/> Physician/Clinic <input type="checkbox"/> Other:					Permission to Contact Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Physician Signature: _____ **DAW (Dispense as Written)** **Date:** ____/____/____

I authorize Hy-Vee Pharmacy Solutions and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so, to release clinical information via phone to the appropriate third party payer.

Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately at the address and telephone number set forth herein and obtain instructions as to proper destruction of the transmitted material. Thank you.