INTEGRATED Rx SOLUTIONS INC.

FAX: (602) 926-2703

Questions or status: (602) 975-6025 · Mon–Fri, 9 AM–5 PM

Prescriber Referral – Specialty Medication

Fax this sheet with the signed prescription (or sign below), the front and back of the insurance card, and recent clinical notes. We run the benefits check, handle prior authorization, look for copay help, contact the patient and update your office.

PRESCRIBER / OFFICE

PRESCRIBER NAME	NPI	SPECIALTY	
PRACTICE NAME & ADDRESS	PHONE	FAX	DATE
OFFICE CONTACT FOR THIS REFERRAL	CONTACT PHONE / EMAIL		

PATIENT

PATIENT NAME (LAST, FIRST)	DATE OF BIRTH	SEX	PREFERRED LANGUAGE
ADDRESS		PHONE (BEST NUMBER)	
ALLERGIES	WEIGHT / HEIGHT (IF DOSE-DEPENDENT)		

INSURANCE

PRIMARY PLAN	MEMBER ID	RX BIN	RX PCN / GROUP
SECONDARY PLAN (IF ANY)	MEMBER ID	☐ CARD COPY ATTACHED (FRONT & BACK)	

CLINICAL

PRIMARY DIAGNOSIS (ICD-10)	DIAGNOSIS DESCRIPTION
PRIOR THERAPIES TRIED / FAILED (DRUG, DATES, REASON STOPPED)	

PRESCRIPTION

MEDICATION & STRENGTH	DOSAGE FORM	DIRECTIONS (SIG)	QTY	REFILLS

☐ New start

☐ Continuing therapy (transfer) – current pharmacy: _____

☐ Prior authorization already submitted by office

☐ Please handle the prior authorization

ATTACHMENTS CHECKLIST

☐ Signed prescription (or signature below)

☐ Insurance card, front and back

☐ Recent clinic notes / H&P

☐ Relevant labs and tests (e.g. TB, hepatitis, CBC)

☐ Prior therapy history / chart notes

☐ Existing PA approval or denial letters

PRESCRIBER SIGNATURE

SIGNATURE (SUBSTITUTION PERMITTED UNLESS “DISPENSE AS WRITTEN” IS NOTED)	DATE

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Confidentiality notice: this fax contains protected health information intended only for Integrated Rx. If you received it in error, notify the sender at (602) 975-6025 and destroy all copies. Insurance coverage decisions are made by the patient's health plan; a referral does not guarantee approval or financial assistance.