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E-scribe to Transcript Pharmacy today!

PATIENT BENEFIT SPECIALISTS INFORMATION FORM

PROVIDER OFFICE COVER LETTER

Specialty Medication Prior Authorization Request

For Transcript Pharmacy to assist with most prior authorizations we will need the following patient information:

- Demographics page
- Copy of Insurance Card
- Any recent clinical notes and labs pertaining to the medication
- Medications the patient was previously treated with for the diagnosis
- For RA, Crohn's, Psoriasis and Psoriatic Arthritis Medications:
 - Results and date of last PPD test
- Prescription/Enrollment Form

Office Point of Contact Name: _____

Preferred Contact Information: _____

(Phone, Email, Any Other Contact Notes)

Other Notes:

E-Scribe Rx and Fax this Form to 601-420-4040

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