

Benecard pharmacy prior authorization form

Continue

Bayou Health Pharmacy Prior Authorization Form

LA Healthcare Connections
 1-855-345-0102 (fax)
 Provider Questions
 1-800-454-3730

LA Healthcare Connections
 1-866-399-0929 (fax)
 Provider Questions
 1-866-929-3790

AcademyHealth Center Louisiana
 1-855-452-9131 (fax)
 Provider Questions
 1-800-694-5502

MEMBER INFORMATION

Patient Name: Last Name _____ First Name _____ MI _____
 Date of Birth: _____ Sex: Male Female Height: _____ Weight: _____
 Address: _____ City _____ State _____ Zip Code _____
 Phone #: _____ Policy ID Number: _____

PRESCRIBER INFORMATION

Practice Name: _____ Specialty: _____ NPI # (2): _____
 Physician Name: _____ NPI # (1): _____ DEA License #: _____
 Address: _____ City _____ State _____ Zip Code _____
 Phone #: _____ Fax #: _____

MEDICATION INFORMATION EXPEDITED REQUEST Yes No (if yes, explain below)

Drug Name: _____ Quality: _____
 Strength: _____ Directions: _____
 Dispense as written: Yes No Substitutes Permitted: Yes No # of Refills: _____
 Currently on this medication: _____ Other medications tried to treat this condition: _____ Dates: _____
 Yes No
 List other current medications: _____
 Reasons for discontinuation of Tied Therapies: _____ See attached list
 Diagnosis/Indication: _____ ICD Code: _____
 Rationale and/or other information relevant (including lab results) to the review of this authorization request. Explain reason for expedited request if applicable: _____
 Drug Allergies: _____

PHARMACY INFORMATION

Pharmacy Name: _____ Phone #: _____ Fax #: _____
 Physician Signature: _____ Date: _____

Emergency Pharmacies are allowed to dispense a 72-hour supply while ADT Pending Access. www.bonecard.com for more information.
 24-hour Pharmacies are allowed to dispense a 72-hour supply while ADT Pending Access. www.bonecard.com for more information.
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MAIL SERVICE
Patient Information and Order Form

PO Box 178
 Metairie, LA 70002-0178 • Phone: 1-877-723-4000 • Toll Free: 1-866-997-6666 • Fax: 1-866-997-6666 • www.bonecardpdf.com

Complete this form to order new prescriptions or refills.
 For convenient service, order refills or check benefit information at www.bonecardpdf.com or call 1-877-723-4000.

Cardholder (Print) _____ (Initials) _____
 Cardholder Name _____
 (Shipping Address) _____
 (Shipping Address) _____
 City, State, Zip _____
 (Shipping Phone) _____ (Cell Phone) _____
 (E-Mail Address) _____

Please be aware that certain medications cannot be delivered to your office box.
 Is this a temporary address change?
 Is this a permanent address change?
 If no, be sure to contact your plan administrator.
 Check here if it is OK to contact you via text message.

New Prescriptions and Patient Information			Complete section below for each person submitting prescription(s) and enclose new prescription(s) in envelope along with form.		
Patient Name			Prescriber Name	List Allergies/Health Conditions or Misc. Info	
DOB	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship To Cardholder <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	Prescriber Phone #	Is it for someone for the patient?	Check here for easy open bags if you do not prefer substitution with a lower cost or generic medication. Indicate how by listing the medication.
Patient Name			Prescriber Name	List Allergies/Health Conditions or Misc. Info	
DOB	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship To Cardholder <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	Prescriber Phone #	Is it for someone for the patient?	Check here for easy open bags if you do not prefer substitution with a lower cost or generic medication. Indicate how by listing the medication.
Patient Name			Prescriber Name	List Allergies/Health Conditions or Misc. Info	
DOB	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship To Cardholder <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	Prescriber Phone #	Is it for someone for the patient?	Check here for easy open bags if you do not prefer substitution with a lower cost or generic medication. Indicate how by listing the medication.

PA STATE LAW PERMITS PHARMACISTS TO SUBSTITUTE A LESS EXPENSIVE GENERICALLY EQUIVALENT DRUG FOR A BRAND NAME DRUG UNLESS YOU OR YOUR PHYSICIAN DIRECT OTHERWISE.
 If you do not want a less expensive brand or generic medication, please indicate above where requested.
 (Please note that you may pay more for a brand name drug if your prescription plan dictates.)



Please see reverse side for additional information.

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