

**PLEASE FAX ALL NECESSARY DOCUMENTATION AT
THE SAME TIME TO:**

1 (844) 468-7606

**USE THIS CHECK LIST TO MAKE SURE YOU HAVE
EVERYTHING WE NEED TO START BENEFITS
INVESTIGATION AND PRIOR AUTHORIZATION.**

- **COPY OF INSURANCE CARDS**
- **COMPLETED ENROLLMENT FORM OR SEND E-SCRIPT**
- **ALL LABS AND CHART NOTES PERTAINING TO THIS
PRESCRIPTION/DISEASE STATE**

**THANK YOU FOR ENTRUSTING US WITH YOUR PATIENTS.
WE WILL DO EVERYTHING WE CAN FOR THEM...JUST
LIKE YOU WOULD.**

IF YOU HAVE ANY QUESTIONS CALL

1 (844) 645-5790.