



Medication Request

Aetna Specialty Pharmacy®
 503 Sunport Lane
 Orlando, FL 32809
 www.AetnaSpecialtyPharmacy.com

Customer Service: 1-866-782-2779 (1-866-782-ASRX)

Fax Order Submission: 1-866-329-2779 (1-866-FAX-ASRX)

UPON RECEIPT OF THIS FORM, AETNA SPECIALTY PHARMACY WILL VERIFY BENEFITS AND CONTACT MEMBERS BY TELEPHONE TO CONFIRM DELIVERY OF COVERED PRESCRIPTIONS. IT IS ESSENTIAL THAT AN AETNA SPECIALTY PHARMACY REPRESENTATIVE MAKE CONTACT WITH THE MEMBER IN ORDER TO ENSURE DELIVERY TO THE PATIENT'S HOME, PHYSICIAN'S OFFICE, OR AMBULATORY INFUSION CENTER WITHIN 24-48 HOURS.

Today's Date:	Date Needed:
----------------------	---------------------

A. PATIENT INFORMATION

First Name:		Last Name:			
Address:		City:		State:	ZIP:
Home Phone:		Work Phone:		Cell Phone:	
DOB:	Allergies:			Email:	
Patient Current Weight: _____ lbs or _____ kgs		Patient Height: _____ inches or _____ cms			
Is this patient currently hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, please provide the following ship and bill authorization information before faxing in this form:					
Ship and Bill Authorization Contact Name: _____				Phone Number: _____	
If No, please completely fill out Sections B, C, and D before faxing in this form. All required sections must be completed in full to ensure covered prescriptions ship within 24-48 hours. If these sections are not completed accurately, your order may be delayed.					

B. INSURANCE INFORMATION

Primary Insurance:			Pharmacy Benefit Manager (PBM):		
Policy #:	Group #:	Insured:	Phone:		
Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide ID #: _____			Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide ID #: _____		
Secondary Insurance:			Pharmacy Benefit Manager (PBM):		
Policy #:	Group #:	Insured:	Phone:		

C. PHYSICIAN INFORMATION

First Name:		Last Name:			(Circle one): M.D. D.O.	
Address:		City:		State:	ZIP:	
Phone:	Fax:	St. Lic. #:	NPI #:	DEA #:	UPIN:	
Email:		Office Contact Name:			Phone:	

D. MEDICAL INFORMATION

Primary Diagnosis		ICD-9 Code	Secondary Diagnosis		ICD-9 Code
Medication	Strength	Directions		Quantity	# of Refills

Authorization Number (if required):		Shipping To: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Patient's Home	
Administration Site:		<input type="checkbox"/> Home Care Agency (name and address if available):	
<input type="checkbox"/> Physician's Office	<input type="checkbox"/> Patient's Home	<input type="checkbox"/> Ambulatory Infusion Center (location address):	
<input type="checkbox"/> Home Care Agency	<input type="checkbox"/> Ambulatory Infusion Center		

Prescriber's Signature (Required by Law):

Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through mail order. The charges Aetna negotiates with Aetna Specialty Pharmacy may be higher than the cost it pays for the drugs and the costs of its specialty pharmacy services. For these purposes, Aetna Specialty Pharmacy's cost of purchasing drugs takes into account discounts, credits and other amounts it may receive from wholesalers, manufacturers, suppliers, and distributors.

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include: Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc., Aetna Health Insurance Company of New York, Corporate Health Insurance Company and/or Aetna Life Insurance Company. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc.

Please save this blank template and reproduce as necessary.