

Please fax this completed form to (888) 463-5551



**Physicians Pharmacy
Alliance**

Patient Referral Form

What is Physicians Pharmacy Alliance?

Physicians Pharmacy Alliance was founded to assist people with chronic disease states who are on multiple medications. To summarize our services, Physicians Pharmacy offers:

- Synchronization of medications allowing for one monthly delivery for all ongoing medications.
- Free home delivery of medications by a PPA delivery specialist, not mail order.
- 24-hour access to pharmacists who understand complex drug regimens.
- Coordination with patient doctors and other healthcare providers.
- No additional cost. You will pay no more than you would at a retail, storefront pharmacy.

How Does A Patient Qualify for Physicians Pharmacy?

To qualify for the program, patients must meet the following criteria:

- Take multiple prescription medications on a daily, ongoing basis for one or more disease states.
- Live within our service area.
- Have a telephone and be able to communicate with the pharmacy monthly, or provide a caregiver or nurse contact that can communicate with the pharmacy.
- Have an active interest in maintaining ones health.
- Have some form of insurance for medications (Medicaid, Medicare Part D, or Private Insurance).

Note: Because of the nature of the program, exceptions to these qualifications cannot be made.

Referral from: _____

Phone Number: _____

Patient Name: _____

Address: _____

City/St/Zip: _____

Phone #: _____

Insurance : _____

How many medications does this patient take each day?

7 or less 8 to 15 16 or more

Thank you for your interest in Physicians Pharmacy Alliance. If you have any questions, please contact us at (866) 463-5550. We will review this form and contact the patient regarding enrollment and qualification for the program.

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