KnippeRx™ Specialty Pharmacy Services

Patient Profile Form

Phone: (855) 647-7379
Fax: (855) 774-3879

Simply follow these easy steps to start using KnippeRx Specialty Pharmacy:

New Prescriptions
- Complete Sections A, B, C and D of this form.
- Print your name, address, date of birth and member ID number on each prescription.

Mail this completed form with your prescription(s) and method of payment to:

Attn: Pharmacy Operations
KnippeRx Specialty Pharmacy
1250 Patrol Road
Charlestown, IN 47111

Refills of Existing Prescriptions:
It is not necessary to submit this form to request a refill. One week before your next refill is due, we will call you to schedule your delivery. During this call, we will coordinate your home health care, if needed. We will also ask:
- How you are doing with your therapy
- If you are still taking the same medication
- If you are still taking the same dose
- If you are having any side effects
- If you need additional supplies
- Where you would like your next refill delivered

1. Section A - Patient Information

Last Name: _____ First Name: _____
S.S. #: _____ Date of Birth: _____
Guardian/Caregiver: _____
Patient Preferred Language: _____

Home Phone: _____ Work/Mobile Phone: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Sex: ☐ Male ☐ Female Height: _____ Weight: _____ ☐ lbs. ☐ kg.

Ship Meds to: ☐ Home ☐ Work ☐ Prescriber's Office

Allergies:

Health Conditions:

2. Section B - Insurance Information (Please fax front and back copy of all insurance cards - prescription & medical)

Primary Insurance: _____ Phone: _____
Subscriber Name: _____
Policy #: _____ Group #: _____
Pharmacy Benefit Manager (PBM): _____

Secondary Insurance: _____ Phone: _____
Subscriber Name: _____
Policy #: _____ Group #: _____

Do you have Medicare Part(s) A, B, C or D? ☐ Yes ☐ No
If Yes, check all that apply below and provide number(s).
☐ Medicare A: _____ ☐ Medicare B: _____
☐ Medicare C: _____ ☐ Medicare D: _____
Do you have Medicaid? ☐ Yes ☐ No
If Yes, provide #: _____

***Note:** If your medication is covered by the Medicare Part B benefit, Medicare guidelines state that you will receive the standard 30-day supply, your medication must ship to your home, and someone must sign for the package upon delivery.

3. Section C - Physician Information

Last Name: _____ ☐ MD ☐ OD
First Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____
Office Contact: _____ Phone: _____

4. Section D - Payment Information

Method of Payment: After you submit this completed form with your prescription(s), we will call you to confirm your delivery and the payment amount due. Make a check or money order payable to KnippeRx Specialty Pharmacy or use your personal credit or debit card. Do not send cash. Important Information:

- If you do not include a method of payment with your order and a previous order was paid for by credit or debit card, we will use that credit or debit card as the method of payment for this order.
- If you have an unpaid balance with our pharmacy this order may not be processed until payment is received.
- If you have a Flexible Spending Account (FSA) auto-debit feature please provide a personal credit or debit card to cover any expenses that may exceed your account balance.
- If you are enrolled in an FSA or Health Savings Account (HSA) and have a FSA/HSA debit card, you can use that card for payment. (Please also provide a personal credit or debit card to cover any expenses in excess of your account balance.)
- Providing a credit or debit card will help prevent delays in order processing that result from insufficient payment.

MC/VISA/Amex/Discover or debit card number _____ Expiration Date _____
FSA/HSA debit card number _____ Expiration Date _____
Cardholder Name _____ Signature _____

The credit and/or debit cards used in processing this order will be billed for medication order costs, rush shipping costs (if applicable) and any outstanding balances. They will also be billed for all future orders unless you provide another method of payment.

For more information about KnippeRx Specialty Pharmacy, please visit www.KnippeRx.com.