

Enrollment Options:

- Call: (800) 456-2112
- Fax: (248) 358-9335
- Email:
PharmacyAdvantageNewPatientEnrollment@hfhs.org
- Mail:
Pharmacy Advantage
1191 South Blvd E
Rochester Hills, MI 48307
- Website: PharmacyAdvantageRx.com

New Patient Enrollment Form

Patient Information

Name:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	Apt #:	Last 4# of SSN:
City:	State:	Zip Code:
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Home	Emergency Contact Name:	
Email:	Emergency Contact Relationship:	
Allergies:	Emergency Contact Phone #:	
Driver's License #:	Driver's License State:	

All copays and charges will be billed to the above address

To enroll in automatic payments, please contact (800) 456-2112 Option #5

Primary Insurance Information

Please select all that apply: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid [<input type="checkbox"/> Other
Cardholder Name:
Insurance Plan: ID Number:
RxGroup: RxBin: RxPCN:
Relationship to Cardholder:

Secondary Insurance Information

Cardholder Name:
Insurance Plan: ID Number:
RxGroup: RxBin: RxPCN:
Relationship to Cardholder:

Prescription Transfers (If Applicable)

Prescription #	Medication	Pharmacy Name	Pharmacy Phone #

By submitting this enrollment, you are authorizing Pharmacy Advantage to fill your prescriptions.

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Prescription Transfers continued (If Applicable)

Prescription #	Medication	Pharmacy Name	Pharmacy Phone #

Over The Counter Medications

Medication	Strength	How Often Taken?	Reason / Condition

Vitamins / Herbal Supplements / Natural Products

Medication	Strength	How Often Taken?	Reason / Condition

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