



# Patient Profile Form

Aetna Specialty Pharmacy®  
503 Sunport Lane, Orlando, FL 32809  
Phone: 1-866-782-ASRX (1-866-782-2779)

## Simply follow these easy steps to start using Aetna 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**  
**Aetna Specialty Pharmacy**  
**503 Sunport Lane**  
**Orlando, FL 32809**

### 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.

## SECTION A - PATIENT INFORMATION

First Name:	Last Name:	DOB:	
Address:	City:	State:	ZIP:
Home Phone:	Work Phone:	Cell Phone:	
Ship Meds to: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Doctor's Office		Height:	Weight:
Have you had a transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Date of Transplant: _____		Where did the transplant take place? Facility Name: _____ Facility City: _____ State _____ ZIP: _____	
Organ transplanted: _____		Allergies:	
Health Conditions:			

## SECTION B - INSURANCE AND COPAY ASSISTANCE INFORMATION

<b>Primary Insurance</b>	<b>Secondary Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Copay Assistance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Carrier Name: _____	Carrier Name: _____	Bin: _____
Member ID: _____	Member ID: _____	ID: _____
Group: _____	Group: _____	Group: _____
Insured: _____	Insured: _____	Pcn: _____
		Phone: _____

**Medicare:**  Yes  No If yes, ID #: \_\_\_\_\_ **Medicaid:**  Yes  No If yes, ID #: \_\_\_\_\_

**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.

## SECTION C - PHYSICIAN INFORMATION

First Name:	Last Name:		
Address:	City:	State:	ZIP:
Phone:	Fax:	Office Contact Name:	Phone:

## 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 Aetna 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, or are enrolled in an Aetna HealthFund® or Vital Savings on Health<sup>SM</sup> plan, 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, Health Savings Account (HSA) or Vital Savings on Health program and have a FSA/HSA/Vital Savings on Health 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.

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

The credit and/or debit cards used in processing this order will be billed for medication order costs, and any outstanding balances. They will also be billed for all future orders unless you provide another method of payment. For more information about Aetna Specialty Pharmacy, please visit [www.AetnaSpecialtyRx.com](http://www.AetnaSpecialtyRx.com). Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through specialty pharmacy prescription fulfillment. This pharmacy is a for-profit entity.