



200 Webster Street #200, Oakland, CA 94607
Provider Services: 1-888-311-7632 Fax: 1-800-848-4241

Thank for your interest in joining our pharmacy network. Please provide the information requested below. We will review the information furnished and send to you the documents required to enroll into our network.

PHARMACY INFORMATION

Please complete the following information for your pharmacy. Chain stores, please provide the pharmacy name, number of pharmacies, and chain code only.

NCPDP # _____ NPI # _____ MEDICAID PROVIDER NUMBER _____

FEDERAL TAX ID # _____ STATE LICENSE # _____

PHARMACY TYPE: [] INDEPENDENT [] CHAIN (FOUR OR MORE LOCATIONS)

CHAIN CODE _____ NUMBER OF PHARMACIES IN CHAIN (NATIONALLY) _____

PHARMACY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ - _____ FAX: () _____ - _____

EMAIL: _____

CONTRACT CONTACT INFORMATION

Please provide an address and contact for receiving Ramsell Public Health Rx contract forms.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ - _____ EMAIL: _____ FAX: () _____ - _____

CONTACT NAME: _____

TITLE: _____

Please check services provided and complete questions below.

[] Free Rx Delivery [] Delivery - Fee Required [] Free Mail Order [] Mail Order - Fee Required
HIV Specialty _____ % of Rx Activity Home Infusion _____ % of Rx Activity Mediset Fills (y/n): _____
Refill notification (y/n): _____ Compounding Specialty: _____ % of Activity
Other Specialty: _____ % of Activity

SECTION 340B OF THE PUBLIC HEALTH ACT

Are you eligible to purchase discounted drugs under Section 340B of the Public Health Service Act ("Drug Pricing Program") as an eligible covered entity? _____ yes _____ no

Do you now purchase medication under the PHS Drug Pricing Program? _____ yes _____ no

Are you a community pharmacy dispensing medications purchased through the PHS Drug Pricing Program under contract with a 340B covered entity? _____ yes _____ no