



PHARMACY CREDENTIALING VERIFICATION FORM

Provider Services: 1-888-311-7632 Fax: 1-800-848-4241

PHARMACY INFORMATION

Pharmacy NCPDP No: _____ Pharmacy Name: _____

Pharmacist in Charge: _____ Contact Person: _____

Pharmacy Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone #: () _____ - _____ Fax #: () _____ - _____ Email: _____

Does your pharmacy have Internet access? _____ Yes _____ No

Pharmacy Permit #: _____ Pharmacy Permit Exp Date: ____/____/____

Pharmacy DEA #: _____ Pharmacy DEA Exp Date: ____/____/____

Medicaid Provider Number: _____ Tax ID #: _____

Primary wholesaler: _____ Languages Spoken: _____

PHARMACY SERVICES PROVIDED

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: _____

PHARMACY HOURS OF OPERATION

Mon – Fri: _____ Sat: _____ Sun: _____ Holidays: _____

Open 24 hours (y/n): _____ Emergency Rx Services Provided (y/n): _____ Total Hours per week:

PHARMACY LIABILITY INSURANCE POLICY INFORMATION

(PROVIDE A COPY OF INSURANCE INFORMATION)

Liability Insurance Carrier: _____ Policy Number: _____ Exp Date: _____

Amount per Occurrence: _____ Aggregate: _____

Worker’s Compensation Insurance Carrier: _____ Policy Number: _____

Complete Both Sides of Form



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PHARMACY STAFF LICENSE INFORMATION

Name of Pharmacist(s): _____ License #: _____ Exp. Date: _____

License #: _____ Exp. Date: _____

License #: _____ Exp. Date: _____

License #: _____ Exp. Date: _____

PUBLIC HEALTH SERVICE PRICING (340B)

Are you eligible to purchase discounted drugs under the PHS Drug Pricing Program (340B) as an eligible covered entity? yes no

Entity Name: _____ Phone Number: (____) ____ / _____

Address: _____ City: _____ State: _____ Zip: _____

Do you now purchase medication under the PHS Drug Pricing Program (340B)? yes no

Are you a contracted community pharmacy dispensing medications purchased through the PHS 340B Drug Pricing Program? yes no Entity Name: _____

Complete Both Sides of Form