toll-free phone **1.877.977.9118**
toll-free fax **1.800.550.6272**
4100 S. Saginaw St.
Flint, MI 48507

DIPLOMAT®

VA Premier Health Plan, Inc.

# General Authorization

## patient information

**patient:** _____ ☐ male ☐ female **DOB:** _____ **SS#:** _____

**address:** _____
street city state zip

**primary phone number:** _____ ☐ cell **alternate phone number:** _____ ☐ cell

**caregiver:** _____ **allergies:** _____

**diagnosis/ICD-9:** _____ **weight:** _____ ☐ lbs ☐ kgs **date:** _____

**insurance information: please fax copy of insurance card (front and back)**

## prescription

| drug | strength | directions | quantity | refills |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## prescriber and shipping information

**date shipment needed:** _____ **signature required?** ☐ yes ☐ no

**ship to:** ☐ patient ☐ office ☐ alternate: _____
street city state zip

**prescriber's name (please print):** _____ **contact:** _____

**office address:** _____
street city state zip

**phone #:** _____ **fax #:** _____ **NPI #:** _____ **DEA #:** _____
for controlled substances

**prescriber's signature:** _____ **date:** _____

I authorize Diplomat Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

**for benefit questions, please call Envision RX Options customer service: 855.872.0005**

The FDA does not review compounds for safety and efficacy. These are not indications.

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