



Indiana University Health

IU Health Advanced Therapies Pharmacy - Specialty and Mail Order

To begin the enrollment process, please complete the New Patient Enrollment form below. A pharmacy team member will begin working to establish your care and give a call to collect additional information.

Please allow **7 to 10 business days** to receive your prescriptions.

Last Name

First Name

Middle Initial

Date of Birth

Gender

Female

Male

Prefer not to say

Prescription Insurance Information

Insurance ID

RX Bin

RX PCN

RX Group

Name of Insurance Cardholder

Same as Patient above

Other

Shipping Address

Street Address

City

State

Zip Code

Preferred Phone Number

Billing Address

Same as Shipping Address

Other

Patient Medical History

Allergy

None

Aspirin

Cephalosporin

Codeine

Erythromycin

Penicillin

Sulfa

Other

Health Conditions

None

Arthritis

Asthma

Diabetes

Acid Reflux

Glaucoma

Heart Problem

High Blood Pressure

High Cholesterol

Migraine

Osteoporosis

Prostate Issue

Thyroid

Other

Current Pharmacy & Prescription Information

Do you currently use an IU Health Pharmacy? Yes No

Current Pharmacy Name

Current Pharmacy Phone Number

How many medications would you like to fill today?

- 1.) Drug Name/Strength and prescription number, if available
- 2.) Drug Name/Strength and prescription number, if available
- 3.) Drug Name/Strength and prescription number, if available
- 4.) Drug Name/Strength and prescription number, if available
- 5.) Drug Name/Strength and prescription number, if available

Please note that the pharmacy will not ship any prescriptions to you based on the completion of this form without first talking to you. If there are any copay/medication expenses, the pharmacy team will discuss payment options. If you are an IU Health employee, be sure to ask about payroll deduct as an option to further simplify the process.

Please contact me at the following telephone number during daytime hours to collect my credit card information.

Pharmacy Communication Opt-In

In an effort to communicate with patients in a more efficient and timely manner, IU Health Advanced Therapies Pharmacy can use phone, e-mail and text communications to contact our patients regarding non-urgent messages. By providing your information and signing below, you acknowledge your understanding that this program is completely voluntary and that text messaging rates & fees may apply as determined by your cellular provider. If at any time you wish to discontinue receiving this service from IU Health Advanced Therapies Pharmacy, you must contact the pharmacy staff in order to discontinue this service.

Patient Name

E-mail Address

Cell Phone

Alternative Phone

Please select **one** preferred method
of contact:

Phone Call Alerts

E-mail Alerts

Text Alerts

Patient Signature

Date Signed
