Breast Cancer Oncology Enrollment Form



Fax Referral To: 1-855-297-1270 Phon Address: 6020 Ave Roberto Sanchez Vilella Carolina, PR 00982

Phone: 1-888-280-1190

ATTN: New York and Iowa providers, please submit electronic prescription

Six Simple Steps to Stubmitting a Referral PATIENT INFORMATION (Complete or include demographic sheet) Patient Name:		Specially	Address: 6020 Ave Roberto	Sanchez Vilella Caro	lina, PR 00982	NCPDP: 4026325	
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Preferred Contact Methods: _ Phone (to primary # provided below) _ Text (to cell # provided below) _ Enail (to email provided below) _ Enail :							
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The information provided above is true and accurate to the best of my knowledge, with supporting documentation in the patient's medical record. By signing above, I hereby authorize CVS Specialty Pharmacy and/or its affiliate pharmacies to complete and submit prior authorization (PA) requests to payors for the prescribed medication for this patient and to attach this Enrollment Form to the PA request as my signature.

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