

Waylis Access & Affordability Program

ProModRx

Phone: (888) 218-8897 • Fax: (844) 470-1931

Prescription Information and Enrollment Form

Please see bottom of page for E-Prescribing instructions

PATIENT INFORMATION (REQUIRED)

First Name:	Last Name:	Date of Birth:
		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Cell Phone:	Home Phone:	Email:
Preferred Method of Contact: <input type="checkbox"/> Phone Call <input type="checkbox"/> Text <input type="checkbox"/> Email		
Address:	City:	State: Zip:

PRESCRIBER INFORMATION (REQUIRED)

First Name:	Last Name:	NPI:
Phone:	Fax:	Email:
Address:	City:	State: Zip:
Prior Auth Coordinator:	Email:	
Phone:	Ext:	Fax:

PATIENT DIAGNOSIS (REQUIRED)

ICD-10 Code:	Allergies:
Diagnosis:	
New to Therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No, Start Date of Current Therapy: _____	

PRESCRIPTION INFORMATION (REQUIRED)

Rx: ACIPHEX (rabeprazole sodium) 20mg tablet, delayed release		
Quantity:	90-Day Supply	Refills:
Directions:		
Prescriber Signature:		Date:

E-PRESCRIBE (PHARMACY LOOK-UP INFO)

Pharmacy:	ProCare Pharmacy Care
NPI:	1427160357
NCPDP:	1098121
Address:	2850 N. Commerce Parkway, Miramar, FL 33025

OTHER METHODS OF SUBMITTING AN RX

Fax:	(844) 470-1931
Verbal:	(888) 218-8897