

*Please complete and fax to one of the following pharmacies:*

<b>Accredo Health Group</b> Phone: 1-888-239-0725 Fax: 1-866-387-1003	<b>Acro Pharmaceuticals</b> Phone: 1-800-906-7798 Fax: 1-844-612-9057	<b>AnovoRx</b> Phone: 1-844-288-5007 Fax: 1-901-201-5465	<b>BriovaRx</b> Phone: 1-866-791-8679 Fax: 1-866-306-4936	<b>Caremark Specialty Pharmacy Services</b> Phone: 1-800-237-2767 Fax: 1-800-323-2445
<b>Caremax of Loudon, Inc. dba Paragon Infusion</b> Phone: 1-865-540-1002 Fax: 1-865-525-0522	<b>FountainRx</b> Phone: 423-307-5757 Fax: 423-307-5241	<b>HPC Specialty Pharmacy</b> Phone: 1-800-757-9192 Fax: 1-855-813-0583	<b>NPS Pharmacy</b> Phone: 1-866-406-9266 Fax: 1-866-420-4686	<b>PharMerica DBA Amerita, Inc.</b> Phone: 1-855-778-2229 Fax: 1-877-801-1540
<b>PharMerica DBA Onco360</b> Phone: 1-877-662-6633 Fax: 1-877-662-6355	<b>Regional One Health Pharmacy</b> Phone: 1-888-388-6979 Fax: 1-901-545-8884	<b>Restore Rx, Inc.</b> Phone: 1-877-388-0507 Fax: 1-901-388-0407		

Physician Information	
Physician's Name:	
Address:	
City:	
State:	Zip:
Office Contact:	
Telephone:	
Fax:	
NPI #:	
State License #:	
DEA #:	

Patient Information	
Patient's Name:	
Address:	
City:	
State:	Zip:
Date of Birth: / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Social Security #:	
Daytime Telephone #:	
Evening Telephone #:	
Height:	Weight:
Allergies:	

Primary Insurance Information	
Insured's Name:	
Relationship:	
ID #:	Policy #:
Carrier/Group #:	

Other Insurance Information	
Insurance Company:	
Policy #:	Group #:
Insured's Name:	
Relationship:	
Social Security #:	Date of Birth: / /

Clinical Information			
Diagnosis Code:			
Prescription Medications		Strength	
1)			
2)			
3)			
4)			
# of Refills:	Physician's Signature:	Date:	DAW:

Primary Diagnosis:	
Directions (Dose/Route/Frequency)	Quantity/Length

Delivery Instructions	
Ship to:	<input type="checkbox"/> Physician's Office
	<input type="checkbox"/> Patient's Home
	<input type="checkbox"/> Other
Delivery Date:	Refill Date:
If other, please supply:	
Address:	
City:	
State:	Zip:

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination\_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بلامجان. اتصل برقم 1-800-565-9140 (رقم هاتف الصم والبكم: 1-800-848-0298).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-565-9140 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-565-9140 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-565-9140 (ATS : 1-800-848-0298).

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການລູກຄ້າຂອງພວກເຮົາ ຈຶ່ງມີພາສາລາວ, ໃດຍບໍ່ເສຍຄ່າ, ຈຶ່ງມີພາສາລາວ ທີ່ມີຄວາມສະດວກສະບາຍ ທີ່ມີພາສາລາວ. ໂທ 1-800-565-9140 (TTY: 1-800-848-0298).

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገኙዎት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 1-800-565-9140 (መስማት ለተሳናቸው: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-565-9140 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-565-9140 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-565-9140 (TTY:1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرد. 1-800-565-9140 (TTY:1-800-848-0298)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hółó, kojí' hódíílnih 1-800-565-9140 (TTY: 1-800-848-0298).