

Pharmacy Network Application and Credentialing Form

We are looking forward to reviewing your application. Please take the time to fully complete the form and return to us at pharmacynetwork@epiphanyrx.com. Please include in your email a copy of your pharmacy's state license and your federal DEA license, as well as Proof of Professional Liability and Malpractice Insurance.

GENERAL INFORMATION:	
Chain or Pharmacy Name:	
Independent NCPDP # or Chain Code(s)/ID's:	
Homepage for web site:	
Number of 24 hour stores?	800# for Pharmacy Help Desk
Customer Service 800# (Pharmacy Locator)	TTY/TDD#

CONTACT INFORMATION:			
Address:			
City/State/Zip Code:			
Telephone #:		Fax #:	
Day-to-Day Contact Person:		Title:	
Email Address:			
Fax Distribution Contact:		Fax #:	
Telephone:		Title:	
Email Address:			
Audit Contact:		Title:	
Telephone:		Fax:	
Email Address:			

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REMITTANCE PREFERENCE AND PAYMENT ADDRESS INFORMATION:			
Remittance Preference (subject to approval): <input type="checkbox"/> Payment to Affiliation level OR <input type="checkbox"/> Payment to individual store(s)			
Payment Method: <input type="checkbox"/> ACH OR <input type="checkbox"/> Check			
If ACH, include routing number and bank information.			
Remittance Media Type: <input type="checkbox"/> Paper <input type="checkbox"/> FTP <input type="checkbox"/> Other _____			
Address:			
City/State/Zip Code:			
Telephone #:		Fax #:	
Email Address:			
Federal Tax ID:			

CREDENTIALING QUESTIONS:	
Does Pharmacy hold and maintain a valid license to operate business in its current jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Pharmacy submit/accept e-Prescribing transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Pharmacy physically accessible to the general public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Pharmacy support balance billing/partial fills submission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Pharmacy offer Handicap Access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Pharmacy offer delivery via U.S. Mail or other providers? If Yes, please answer next question:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a patient waiting area adjacent to where prescriptions are dispensed and sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Pharmacy or any Pharmacist operating under this Agreement have any sanctions imposed against them or operating on a probationary status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Pharmacy or any Pharmacist under this Agreement unable to operate due to their license being suspended or revoked by a state, federal, or U.S. territorial agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Pharmacy or any Pharmacist under this Agreement had their license suspended by a state, federal or U.S. territorial agency in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
All pharmacists maintain a valid license and participate in all mandatory continuing education training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any disciplinary actions been taken against corporate offices, pharmacies, or pharmacists by any state, federal, or U.S. territorial agency in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacy complies with all state, federal, U.S. territorial, and CMS laws, requirements, and regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacy shall disclose any disciplinary actions, investigations, or sanctions taken against the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacy can and shall submit claims electronically in the applicable format required by NCPDP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacy does participate and adhere to on-line Drug Utilization Review (DUR) by displaying secondary messaging?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacy is able to and will participate in external audits and grievance procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacy shall maintain all applicable records including patient profiles, prescriptions, and logs as required by state, federal, U.S. territorial, or CMS laws and guidelines, and release such information.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Acknowledgement & Signature:

The undersigned hereby attests, represents and warrants that the information set forth in this Credentialing Responses is true and correct as of the date hereof. Further, Pharmacy shall notify EpiphanyRx, LLC within 5 days of any change in the Credentialing Responses.

Signature: _____

Print Name: _____

Title: _____

Date: _____