

Neuromuscular refill shipment request



Please complete for all patient refills and return with any pertinent patient information.
Fax: **866-926-0463** Phone: **877-409-9347**

IMPORTANT UPDATE:

Reorder Office-Based Medications Online 24/7. It's the easiest, most secure way to reorder.
Please begin using our online submission process at <https://specialty.optumrx.com/provider>

Patient information

Patient name: _____ Date of birth (mm/dd/yyyy): _____

Refill information

Date of next injection: _____

Date of next requested delivery (delivery **limited** to Tuesday–Friday): _____

* Urgent turn around necessary, please call pharmacy

Patient/guardian/caregiver provides consent/authorization to ship medication to physician? Yes No

Please send my next shipment to the Provider shipping address listed below. I authorize Optum® Specialty Pharmacy to bill my insurance company for the shipment and that I am financially responsible for any copay/coinsurance and amounts not covered by my insurance that is associated with these shipments. I understand that either myself, or an authorized representative will need to contact Optum Specialty Pharmacy indicated above should circumstances change and I no longer need this next shipment.

Patient/guardian/caregiver signature: X _____

Provider Information

Office Contact: _____

Deliver to address: _____

Office Hours: _____

If there has been a change in insurance, please include copies of both sides of card.

If there are changes to the patients next refill please fax new prescription to

Fax: **866-926-0463**

If you wish to discontinue treatment/shipments for this patient, please call the pharmacy at

Phone: **855-427-4682**

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