Presbyterian Health Plan
New Member Current Medication Form

Member: Presbyterian Pharmacy Services Department would like to assist you in transitioning to Presbyterian Health Plan. This form will help identify the medications that you are currently receiving that may not be included on the Presbyterian Formulary (list of covered medications). If your medication is not on the formulary, you will be provided with a list of therapeutically equivalent formulary alternatives to discuss with your physician.

Please Fax, e-mail or mail this completed form to the Presbyterian Pharmacy Services Department at:

Fax: (505) 923-5907

E-mail: AskRX@phs.org

Mail: Presbyterian Health Plan
Pharmacy Services Department
P.O. Box 27489
Albuquerque, NM 87125-7489

MEMBER INFORMATION

Name (First):	Last:	Initial:	Date of Birth:
Address:	City:	State:	ZIP:

Daytime Phone:	Evening Phone:	E-mail Address:

CURRENT MEDICATION LIST

Name of Prescription Medication or Medical Supplies:	**Dose and Directions** (***How do you take it? When? How often?***):	**Presbyterian Health Plan Formulary Alternative*:**

*** Formulary alternative information to be provided by a PHP pharmacist.**

Presbyterian Health Plan Formularies are available online at: http://www.phs.org/PHS/programs/pharmacy/formulary/index.htm

CONFIDENTIAL: PROTECTED HEALTH INFORMATION ENCLOSED. Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being delivered to you after appropriate authorization from the patient/member or under circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient/member consent or as permitted by law is prohibited. Unauthorized re-disclosure of failure to maintain confidentiality could subject you to penalties described in federal and state law.