



Prescription Order Form

Fax or E-Prescribe to Foundation Care, LLC

(see reverse side for further instructions)

Fax to 1-844-368-3722



Toll Free Phone 1-844-ENTERA1
(1-844-368-3721)

Patient Information:

Name _____ Male Female
 Address _____ City _____ State _____ ZIP _____
 Date of Birth _____ Allergies _____
 Best Phone # _____ Alternate Phone # _____
 Email address _____
 Emergency Contact: Name _____ Phone _____ Relationship _____

Diagnosis / ICD10 Code

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Insurance Type:

Commercial Insurance Medicare Medicaid
 No Insurance (Cash) Other _____

**Please Attach a Copy of Insurance Card(s)
(Front and Back)**

| Medication | Directions | Quantity | Refills |
|--|--|--|--|
| <input checked="" type="checkbox"/> EnteraGam® | Take <input type="text" value=""/> Packet(s) daily all at once or in divided doses. (Please provide samples and counsel patient. Recommended starting dose is 1 packet taken BID for 2-4 weeks) | Select quantity for this order: 1 Box (30 Packets) _____ 2 Boxes (60 Packets) _____ 3 Boxes (90 Packets) _____ | 11 or <input type="text" value=""/> |
| <input type="checkbox"/> Other: | | | |

Foundation Care is a full service Retail Pharmacy that can dispense a full-range of different prescription products to meet your patients' needs.

Prescriber Information: Name: _____ NPI#: _____ Name: _____ NPI#: _____ Name: _____ NPI#: _____
 Name: _____ NPI#: _____ Name: _____ NPI#: _____ Name: _____ NPI#: _____

Prescriber Signature _____ / _____ **Date** _____
(Substitutions Permitted) (Dispense as Written)

Practice/Facility Name _____ Prescriber Specialty _____
 Address _____ City _____ State _____ ZIP _____
 Phone _____ Fax _____ Email Address _____
 Name of Contact Person _____ Contact Person #, ext. or email _____

FAX ORDERS INSTRUCTIONS

Complete the following steps to submit a prescription via fax:

Step 1: Complete and sign this Prescription Order Form

Step 2: Make a copy of both sides of the patient's insurance card

Step 3: Make a copy of any patient co-pay savings cards (both sides) for this order

Step 4: Fax this completed form, insurance information, and any other relevant documents to

Fax toll-free 1-844-ENTERA2 (1-844-368-3722)

E-PRESCRIBING INSTRUCTIONS

Important information for prescribers who choose to e-Prescribe:

- Select pharmacy: **Foundation Care Pharmacy, LLC, Earth City, MO 63045 (NABP/NCPDP Provider ID: 2635564)**. Search filter settings should include "Retail" and exclude "Specialty" or "Mail Order" pharmacies.
- Select product: **EnteraGam® 5GM Oral Packet**
- Indicate dose (or SIG) for EnteraGam® prescribed for the patient
- Indicate quantity of product to dispense (note: there are 30 packets included in each carton of EnteraGam®)
- For more information about e-Prescribing EnteraGam® visit www.Hub.EnteraGam.com.

PRIOR AUTHORIZATIONS

Some insurance plans may require a prior authorization (PA) to cover a patient's EnteraGam® prescription. Foundation Care Pharmacy will initiate the PA process with an insurer with the goal to minimize the workload placed upon the prescriber's office staff. Foundation Care Pharmacy will pre-populate forms as much as possible and then forward the documents to the prescriber for completion. **Please complete all documentation provided in a timely manner and return (via fax or email) to Foundation Care Pharmacy.** In the event a PA resolution is delayed, Foundation Care Pharmacy will work directly with the patient to ship product while continuing to monitor the PA to completion.

PATIENT INSTRUCTIONS

Once a prescription has been submitted to Foundation Care Pharmacy, **please communicate the following information to the patient:**

Order Confirmation. A Foundation Care Pharmacy representative will call the patient (using the "best number" provided on this form) to confirm the order. **The pharmacy will call from area code 314 (Missouri).** **The patient must respond to the call.** (Note: a patient's failure to respond prevents Foundation Care Pharmacy from filling the prescription. Patients may call Foundation Care Pharmacy directly at 1-844-368-3721.)

Insurance Adjudication / Final Price. Foundation Care Pharmacy will confirm insurance claim results and call the patient to communicate the final price for the order. The patient must give his/her final consent to complete the order transaction.

Home Delivery. Foundation Care Pharmacy ships completed orders to patients via standard ground delivery. Shipment time is typically 3-5 business days. Standard shipping is provided at no-cost to the patient. Patients may request a signature-required delivery option.

Do YOU have questions?

Call toll-free **1-844-ENTERA1** (1-844-368-3721)

Fax toll-free **1-844-ENTERA2** (1-844-368-3722)

email: Hub@EnteraGam.com