



# 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

PATIENT INFORMATION	
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	

This electronic fax transmission, including any attachments, contains information from Optum Specialty Pharmacy that may be confidential and/or privileged. The information contained in this facsimile is intended to be for the sole use of the individual(s) or entity named above. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is strictly prohibited by law and will be vigorously prosecuted. If you have received this electronic fax transmission in error, please notify the sender immediately and destroy all electronic and hard copies of the communication, including attachments.