Omnicare®
a CVSHealth company

____ # of pages faxed
(including cover sheet)

Pharmacy Admission Fax Cover Sheet

COMPLETE AND FAX ONE COVER SHEET PER PATIENT UPON ADMISSION. MISSING INFORMATION MAY DELAY MEDICATION DELIVERY. DO NOT SEND PRESCRIPTION ORDERS WITH THIS COVER SHEET.

Facility/Community Name	Name of Person Completing Form

☐ **Check if a Face Sheet is attached. If ALL required information listed below is provided, STOP here. If required information is not included, fill in any fields below that are not included in the attachment.**

Name (FIRST and LAST)	Date of Birth	Gender ☐ Male ☐ Female

Move-In/Admit Date	Select One ☐ New Admission ☐ Re-Admission

Nursing Station/Wing or Floor/Room Number/Bed Number	Prescriber/Primary Care Physician Name (FIRST and LAST)

Allergies ☐ NKDA

Diagnoses

PAYOR INFORMATION

☐ Copies of insurance card attached. **Please include copies of all applicable insurance cards (front and back).**

☐ Medicare Part A	☐ Medicaid Managed Care (specify state):
☐ Medicare Advantage (MA Plan) Part C	☐ Medical Managed Care (specify):
☐ Medicare Part D	☐ Private Health Insurance (specify):
☐ Workers' Compensation/No Fault	☐ Other (specify):
☐ Medicaid (specify state):	☐ Hospice Name: Date Active:

Medicare (HICN/MBI) Number (if applicable)	Medicaid Number (if applicable)

Other Insurance Plan Number (if applicable)

Workers' Comp/No Fault Case #	Company	Injury Date	Phone Number

REQUIRED FOR NON-SKILLED NURSING FACILITIES ONLY

For Skilled Nursing Facilities, please provide as much of the following information as possible.

Select Pharmacy (select one): ☐ Uses Omnicare ☐ Uses Outside Pharmacy

Financially Responsible Party (FIRST and LAST Name)
(Person responsible for a portion or all of the patient's health care expenses, not a health insurance plan)

Address

Phone	Email	Relationship

Please provide as much of the following information as possible.
Do not delay fax submission if the information below is not immediately available.

Social Security Number (if available)	Facility Medical Record (if available)

To preserve fax quality and integrity, please DO NOT make copies of this sheet. Contact your account representative or local Omnicare pharmacy to order additional pads.

CONFIDENTIAL HEALTH INFORMATION ENCLOSED: Health information is personal and sensitive information related to a person's health care. You, the recipient, are required to maintain this information in a safe, secure and confidential manner. Re-disclosure without appropriate authorization or as permitted by law is prohibited.

This information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material, the disclosure of which is governed by applicable law. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this fax in error, please contact the facility or person who completed this form and destroy materials contained in this message.

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