EmblemHealth®

PHYSICIAN SPECIALTY PROGRAM ENROLLMENT FORM

Please print clearly.

Physician Name:		
Street Address:		
City:	State:	ZIP Code:
Telephone Number:	Fax Number:	
Physician State License Number:	Physician Specialty:	
UPIN Number:	Medicaid Number:	
Physician Email Address:	NPI Number:	

I, the above-named physician, an EmblemHealth-participating professional practitioner in good standing, recognize and agree that any injectable medication(s) supplied by the Specialty Pharmacy Program cannot otherwise be purchased by me or otherwise billed to EmblemHealth. I agree to hold EmblemHealth members harmless and shall not seek, pursue or otherwise bill the member the balance for injectable medications obtained from the Specialty Program or for any injectable medications obtained from any other source, with the exception of the applicable copayment, deductible and/or coinsurance for which the member is responsible.

Prescriber's Signature:	Date:

For immediate enrollment in the program, please fax to **1-877-243-4812**. If you have any questions, please call EmblemHealth's Pharmacy Services department at **1-888-447-0295**.

Note: All physician claims submitted to EmblemHealth that include Injectable Program-provided injectables will be subject to review.