Florida Blue

An Independent Licensee of the Blue Cross and Blue Shield Association

Ambient Healthcare
- ☐ Central FL Fax: (407) 657-5980
- ☐ Northeast FL Fax: (904) 652-1991
- ☐ Northwest FL Fax: (850) 340-1271
- ☐ South FL Fax: (954) 389-1129
- ☐ West FL Fax: (813) 890-2082

Coram Specialty Infusion Services*
- ☐ Jacksonville Fax: (904) 363-2159
- ☐ Miramar Fax: (877) 808-2758
- ☐ Pensacola Fax: (850) 469-9098
- ☐ Tampa Fax: (877) 602-6777

*Afterhours and weekends please call to advise that fax is being sent.

Skilled Nursing Facility Select Medication Program Order Form

The Select Medication Program provides participating skilled nursing facilities with access to select high-cost medications through Ambient Healthcare and Coram Specialty Infusion Services for members admitted for sub-acute care. To place an order, fax this completed form to the appropriate specialty pharmacy provider listed above.

Date:			Order Type: Initial Order ☐ Refill Order ☐		
Facility Information					
Name					
Street Address			City	State	Zip
Phone Number ( )	Fax Number ( )		Facility Contact Name		
Member Information					
Member Name			Account Number	Date of Birth (MM/DD/YYYY)	
Gender ☐ Male ☐ Female	Height	Weight	Allergies		
Physician Information					
Physician Name					
Office Contact Name			Phone Number ( )	Fax Number ( )	
NPI	State License Number		DEA Number		
Insurance Information					
Primary Insurance Company				Phone Number ( )	
Subscriber Name	Relationship	Policy Number		Group Number	
Secondary Insurance Company				Phone Number ( )	
Subscriber Name	Relationship	Policy Number		Group Number	
Clinical Information					
Diagnosis Code	Infusion Method			Access Device	
Prescription Medications	Strength	Directions (Dose/Route/Frequency)		Quantity/Length	
Physician's Signature					
Delivery Instructions*					
Delivery Date			Refill Date		

*The specialty pharmacy provider will deliver the medication directly to the facility.