



IMPORTANT UPDATE:
Reorder Office-Based Medications Online 24/7
It's the easiest, most secure way to reorder.
Please begin using our online submission process at
<https://specialty.optumrx.com/provider>

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	

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