



## New Client Setup Form

Nursing Home Name: \_\_\_\_\_

Nursing Home Start Date: \_\_\_\_\_

Nursing Home Mailing Address: \_\_\_\_\_

Email address of nursing home contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ (Internal Use only) ID #: \_\_\_\_\_

Online Access to reports and billing information:

Name: \_\_\_\_\_ / Email: \_\_\_\_\_

Name: \_\_\_\_\_ / Email: \_\_\_\_\_

Online Access to reports only

Name: \_\_\_\_\_ / Email: \_\_\_\_\_

Name: \_\_\_\_\_ / Email: \_\_\_\_\_

## Pharmacy Information

Nursing Home Pharmacy: \_\_\_\_\_

Pharmacy Phone Number: \_\_\_\_\_

Pharmacy Contact: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

## Pharmacy Rates: (Internal Use)

Brand: \_\_\_\_\_ Dispensing Fee: \_\_\_\_\_

Generic: \_\_\_\_\_ Dispensing Fee: \_\_\_\_\_

Dynamic Eligibility Setup: ☐Pharmacy Notified of Dynamic Group #: ☐Rate Setup Tested and Confirmed: ☐