

Patient Name: _____ D/O/B: _____

Over the past several years, insurance coverage of many dermatologic medications has become overly burdensome on patients. Many of the medications we prescribe cost astronomical amounts or are simply not covered.

To improve the chances of insurance coverage and to minimize out of pocket expenses for our patients, we suggest using dermatology specialized in-network pharmacies. These pharmacies will send your medications in the mail.

Using a dermatology specialized pharmacy can significantly reduce your prescription costs. Their pharmacists are experts at applying coupons, completing prior authorizations and providing insurance assistance. They offer free delivery to your home, work or wherever is most convenient.

If you are agreeable to using an in-network dermatology specialized pharmacy please indicate below:

- Yes, please send my prescription(s) to the suggested in network pharmacy.
- No, I prefer to use my local pharmacy (all fields are required):

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy Phone: _____

****Please be aware that if you choose to send your medications to a non-specialty pharmacy and your insurance requires a prior authorization, your prescription will automatically be transferred to our preferred specialty pharmacy. All biologic medications are processed through Health Outcomes Centers.****