ProCare Rx

Quantity Limit
Medical Necessity Form
Proton Pump Inhibitors

The following documentation is REQUIRED in consideration of approval for the prescribed quantity. Incomplete forms will be returned for additional information.

A. Member Information

Patient Name: Last:	First:		Middle:	
Date of Birth:	Member ID #:		Group Number:	
Address:	City:	State:	Zip:	Phone #:

B. Clinical Information *(Please provide all requested information – incomplete forms will be returned for additional information.)*

Medication Name:	Medication Strength:
Prescribed Quantity Per Month:	Dosing Schedule:
Patient Diagnosis:	Anticipated Length of Treatment:
Previous treatment options that were utilized:	
Detailed explanation of therapy failure or adverse effect experienced during previous course of treatment:	
Medical history relevant to this diagnosis:	

C. Physician Information

Physician Name:	Specialty:	Physician NPI #:
Phone #:	Fax #:	
Physician Signature:	Date:	

Please fax completed form to: EHIM, Powered by ProCare Rx, Clinical Department at (248) 948-9904. If you should have any questions regarding the reimbursement process, please call the EHIM, Powered by ProCare Rx, Clinical Department at 800-311-3446.

EHIM, Powered by ProCare Rx
26711 Northwestern Highway, Suite 500
Southfield, MI 48033

Phone: (800) 311-3446 | Fax: (248) 948-9004 | Website: www.ehimrx.com