PROLIA ENROLLMENT FORM

Enexia Specialty

252B Port Richmond Ave, Staten Island, NY 10302

Fax Referral Form To
718-360-9655
Or Call 718-556-0942

Date: _____ Needs By Date: _____ Ship to: ❑ MD Office Language:

Nursing Instruction Required: ❑ Yes ❑ No

PATIENT INFORMATION

Complete the following or send patient demographic sheet

Patient Insurance Information

Patient Name:
Street Address:
City: State: Zip:
Telephone:
❑ M ❑ F Date of Birth:
Social Security Number:

Primary Insurance Information

❑ Attach a copy of insurance card, front AND back OR Complete Insurance information below:

Name of Insurer:
Insurer Telephone:
Subscriber Name:
Subscriber Social Security Number:
Subscriber Date of Birth:
Subscriber Relation to Patient:
Group Number:
Policy Number:

Secondary Insurance Information

❑ Attach a copy of insurance card, front AND back
OR Complete Insurance information below:
Name of Insurer:
Insurer Telephone:
Subscriber Name:
Subscriber Social Security Number:
Subscriber Date of Birth:
Subscriber Relation to Patient:
Group Number:
Policy Number:

If there is a preferred fulfillment option, please select below:

❑ Purchase (Buy & Bill)
❑ Injection Network
❑ If preferred, Site Name
❑ Phone
❑ Other
❑ Phone

Physician Information

Physician Name:
Specialty:
Site Name:
Site Street Address:
City, State, Zip:
Telephone:
Fax:
Email Address:
Office Contact:
Physician Tax ID #:
Physician NPI #:
Payer Specific Provider #'s for Named Insurance (if applicable):
Primary Insurance:
Secondary Insurance:

Patient Medical Information*

❑ M81.0 Osteoporosis, unspecified
❑ M81.0 Sterile, osteoporosis, postomenopausal osteoporosis
❑ Other (specify ICD-10-CM)
Please provide secondary ICD-9 code, if applicable:
❑ Other (specify ICD-10-CM)
T-Score (if known):
History of osteoporotic fracture ❑ Yes ❑ No ❑ Not known
Skeletal Site (if known)
Other risk factors for osteoporotic fracture (if any):
Prior Treatment History (if any):
❑ Generic-Alendronate ❑ Posamax (alendronate sodium)
❑ Actonel (risedronate sodium) ❑ Boniva (ibandronate sodium)
❑ Other
Reason for Discontinuing Previous Osteoporosis Therapy (ies):
Contraindications (if any):
Pertinent Medical History:

*The sample diagnosis codes are informed and not intended to be directive or guarantee of reimbursement and include potential codes that would include FDA approved indications for Prolia. Other codes may be more appropriate given intestinal system guidelines, payor regiments, practice patterns and other services rendered.

Prescription Information

Product Name/Strength
Directions:
State License:

Prescriber Signature:
x Date