



9707 Shelbyville Road
 Louisville, KY 40223
 (502) 327-8889
 (502) 327-9884 Fax

Application for Membership

RxMed/IVMed Representative: _____

Pharmacy Name: _____

Address: _____

City, State, Zip: _____

Phone#: _____ Fax#: _____

Contact Name: _____ Title: _____

E-Mail: _____ DEA#: _____

NCPDP Number: _____ NPI Number: _____

Dispensing Pharmacy Software Company: _____

Primary Wholesaler: _____

Wholesaler Representative Name: _____ Email Address: _____

Secondary Wholesaler: _____

Wholesaler Representative Name: _____ Email Address: _____

Owner/President: _____ E-Mail: _____

Pharmacist In-Charge: _____ E-Mail: _____

Director of Operations: _____ E-Mail: _____

Purchasing Agent: _____ E-Mail: _____

Are you servicing any long term care facilities? Yes No If yes, please complete below.

Total Number of Beds: _____

Bed Types	SNF	ALF	Psych	Medical at Home	Hospice	Jails & Prisons	ICF/MR	Home Care
Bed Count								

Other beds or patients serviced: _____ Explain: _____