RxMed/IVMed Application for Membership

Check One: _____ RxMed – Retail Pharmacies _____ IVMed – Home Infusion Pharmacies

Pharmacy Name: ______________________________

Address: ______________________________

City, State, Zip: ______________________________

Phone#: ______________________ Fax#: ______________________

Contact Name: ______________________ Title: ______________________

DEA#: ______________________ NCPDP#: ______________________

NPI#: ______________________ E-Mail: ______________________

Dispensing Pharmacy Software Company: ______________________________

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

Number of skilled and intermediate care beds serviced: ______________________

Home Care Services, average number of patients serviced per month: ______________________

Jails and prisons, average number of patients serviced per month: ______________________

Hospice, average number of patients serviced per month: ______________________

Assisted Living, number of beds serviced: ______________________

Psychiatric group homes/chronic psychiatric facilities: ______________________

Number of other types of patients serviced: ______________________

Other beds or patients serviced: ______________ Explain: ______________________

Wholesaler (Primary): ______________________________

(include city/state of location): ______________________________

Wholesaler (Secondary): ______________________________

(include city/state of location): ______________________________

Owner/President: ______________________ E-Mail: ______________________

Pharmacist In-Charge: ______________________ E-Mail: ______________________

Director of Operations: ______________________ E-Mail: ______________________

Purchasing Agent: ______________________ E-Mail: ______________________

Enclosures required:
- Copy of DEA Certificate
- Copy of Pharmacy Permit
- Copy of State Registration
- List of Long Term Care Facilities Serviced

Return to:
RxMed | IVMed
9707 Shelbyville Road
Louisville, KY 40223
E-Mail: wrawleigh@gerimedgso.com
Fax: (502) 327-9884