GERIMED℠

Service you can depend on, for those who depend on you.

GeriMed Application for Membership

Pharmacy Name: ______________________________

Address: ______________________________

City, State, Zip: ______________________________

Phone#: ____________________ Fax#: ____________________

Contact Name: ____________________ Title: ____________________

DEA#: ____________________ NCPDP#: ____________________

NPI#: ____________________ E-Mail: ____________________

Dispensing Pharmacy Software Company: ______________________________

Number of Beds: ____________ On Site: ____________ Off Site: ____________

If off site, number of nursing home serviced: ________

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: ____________________

A list of all facilities serviced must be attached. Include name of facility, street address, telephone number and number of licensed beds for each facility. This is a requirement to receive pricing from several manufacturers.

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

Return to:
GeriMed
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Fax: (502) 339-1417

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