



GERIMED[®]
INTELLIGENT. PHARMACY. SOLUTIONS.

9707 Shelbyville Road
Louisville, KY 40223
(800) 456-4374
(502) 339-1417 Fax

Application for Membership

Gerimed Representative: _____

Pharmacy Name: _____

Address: _____

City, State, Zip: _____

Phone#: _____ Fax#: _____

Contact Name: _____ Title: _____

DEA#: _____ NCPDP#: _____

NPI#: _____ E-Mail: _____

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: _____

Total Number of Monthly LTC Beds / Patients Serviced: _____

Bed Types	SNF	ALF	Group Home	Intermediate Care (ICF-IID)	Psych	Medical at Home	Hospice	Correctional	Other*	Total
Bed Count										

*Other beds / patients serviced: _____ Explain: _____