



**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: \_\_\_\_\_

Average Number of LTC Patients Serviced per Month: \_\_\_\_\_

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

*\*formerly ICF-MR*

If 'Other' was indicated above, please explain setting: \_\_\_\_\_

How did you hear about our services? \_\_\_\_\_