



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: _____

E-Mail: _____ DEA#: _____

NCPDP Number: Retail _____ LTC _____

NPI Number: Retail _____ LTC _____

Is this pharmacy under the same ownership of any other pharmacies currently a member of GeriMed?

- No
- Yes (If "Yes", enter required info below)

Pharmacy/Group Name: _____ LTC NCPDP#: _____

Dispensing Pharmacy Software Company: _____

Current GPO/PSAO Affiliation: _____

Retail Buying Group: _____

Primary Wholesaler: _____

Retail Account#: _____ LTC Account#: _____

Wholesaler Representative Name: _____ Email Address: _____

Secondary Wholesaler: _____

Retail Account#: _____ LTC Account#: _____

Wholesaler Representative Name: _____ Email Address: _____

Owner/President: _____ E-Mail: _____

Pharmacist In-Charge: _____ E-Mail: _____

Director of Operations: _____ E-Mail: _____

Purchasing Agent: _____ E-Mail: _____

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

Total Number of Beds: _____

If 'other' was indicated above, please explain setting: _____

Are you currently dispensing any Long Acting Antipsychotic Injections (LAIs)? No Yes

How many patients do you service that are receiving LAIs on a monthly basis? _____

How did you hear about our services? _____

If you do not currently have these documents listed below, they can be submitted at a later date:

- DEA Certificate Copy**
- State Registration**
- Liability Insurance**