

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:				
Tax ID#:	State Pharmacy License:				
Is this pharmacy under the same ownership of any oo Noo Yes (If "Yes", enter required info below) Pharmacy/Group Name:	,				
Dispensing Pharmacy Software Company:					
Current GPO/PSAO Affiliation:					
Primary Wholesaler:					
Wholesaler Representative Name: LTC					
Secondary Wholesaler:	Email Address:				
Retail Account#:LTC					
Owner/President:Pharmacist In-Charge:	_ E-Mail:				



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

Application for Membership

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 $\ \square$ Yes $\ \square$						
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
List of Long Term Care Facilities Serviced (required for some manufacturer contract access)