

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

## **Application for Membership**

ComboMed Representative:	
Pharmacy Name:	
	Fax#:
Contact Name:	Title:
E-Mail:	DEA#:
NCDDD Number: Potoil	
NCPDP Number: Retail	
NPI Number: Retail	
<ul> <li>No</li> <li>Yes (If "Yes", enter required info below)</li> </ul>	y other pharmacies currently a member of GeriMed?
Dispensing Pharmacy Software Company:	
Current GPO/PSAO Affiliation:	
Retail Buying Group:	
Primary Wholesaler:	
Retail Account#: LTC Acc	count#: Email Address:
Wholesaler Representative Phone number: Secondary Wholesaler:	
Retail Account#: LTC Acc	
	Email Address:
Owner/President:	E-Mail:
Pharmacist In-Charge:	<mark>E-Mail:</mark>
Director of Operations: Purchasing Agent:	E-Mail: E-Mail:

Bed Types	SNF	ALF	Group Home	Intermediate Care (ICF-IID)	Psych	LTC Pharmacy at Home	Hospice	Correctional	Other	Total
# of facilities/ homes										
Bed Count										

(Must have facilities and beds for at least one category completed or they cannot continue)

Total Number of Beds:\_\_\_\_\_ Total Number of Facilities \_\_\_\_\_

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

If they cannot complete one of the mandatory fields – message should say call representative or email <u>info@gerimedgso.com</u> – highlighted in yellow