

# Acadia Women's Health

527 Odd Fellows Rd, Suite B  
Crowley, LA 70526  
Phone (337)785-2006 \* Fax (337)783-4999

**\*\*This Information is updated yearly for office purposes\*\***

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## Patients

Legal Name: \_\_\_\_\_  
Last First MI

\_\_\_\_\_ Maiden Name Preferred Name

DOB \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_ DL# \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

Marital Status \_\_\_M\_\_\_S\_\_\_W\_\_\_D Primary Care Provider \_\_\_\_\_

Preferred Pharmacy \_\_\_\_\_ Pharmacy Phone Number \_\_\_\_\_

City of Pharmacy \_\_\_\_\_ Zip \_\_\_\_\_

Patient's Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Employers Address \_\_\_\_\_

Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Spouse's Cell Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ (\*If other than spouse)

Email: \_\_\_\_\_

### How did you first hear about us? Check below all that apply:

Friend \_\_\_\_\_ Website \_\_\_\_\_ Facebook \_\_\_\_\_ Mailer \_\_\_\_\_ Other \_\_\_\_\_

# Acadia Women's Health

## E-prescribing PBM Consent Form

ePrescribing is defined as a physician's ability to electronically send an accurate, error free, and understandable prescription directly to a pharmacy. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care.

Benefits data are maintained for health insurance providers by organizations known as Pharmacy Benefits Managers (PBM). PBM's are third party administrators of prescription drug programs whose primary responsibilities are processing and paying prescription drug claims. They also develop and maintain formularies, which are lists of dispensable drugs covered by a particular drug benefit plan.

The Medicare Modernization Act (MMA) 2003 listed standards that have to be included in an ePrescribe program. These include:

- **Formulary and benefit transactions** – Gives the prescriber information about which drugs are covered by the drug benefit plan.
- **Medication history transactions** – Provides the physician with information about medications the patient is already taking prescribed by any provider, to minimize the number of adverse drug events.

By signing this consent form you are agreeing that **Acadia Women's Health** can request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payors for treatment purposes.

Patient Name (printed) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of patient (or representative) \_\_\_\_\_