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Episode of Coverage Form

Select Requestor Type

Select:

Member Information

Drug Name | DOB

CPT/HCPCS | DS

Dosage | NDC

Prescriber Information

NPI | Fax Number

Zip | Secured Fax?

First Name | Last Name

Facility Name | Buy & Bill

TIN

HCS

Drug Name | QTY

CPT/HCPCS | DS

Dosage | NDC

DAW | Configurable Field for customer

Rendering Provider/Pharmacy

NPI | Zip

First Name | Last Name

FacilityName | TIN

Submit