



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* _____

**Check box if you haven't applied and/or received LTC numbers for your combo pharmacy.*

Dispensing Pharmacy Software Company: _____

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: _____

Average Number of LTC Patients Serviced per Month: _____

Bed Types	SNF	ALF	Group Home	Intermediate Care Facility (ICF-IID) *	Psych	Medical at Home	Hospice	Correctional	Home Infusion	Other	Total
Bed Count											

**formerly ICF-MR*

*If 'Other' was indicated above, please explain setting: _____

How did you hear about this program? _____