COMBOMED™

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 _____

Dispensing Pharmacy Software Company: _____

Current GPO/PSAO Affiliation: _____

Retail Buying Group: _____

Primary Wholesaler: _____
Retail Account#: _____ LTC Account#: _____
Wholesaler Representative Name: _____ Phone Number: _____

Secondary Wholesaler: _____
Retail Account#: _____ LTC Account#: _____
Wholesaler Representative Name: _____ Phone Number: _____

Owner/President:_____ E-Mail:_____
Pharmacist In-Charge: _____ E-Mail:_____
Director of Operations: _____ E-Mail:_____
Purchasing Agent:_____ E-Mail: _____

Total Number of Beds:_____

Bed Types	SNF	ALF	Group Home	Intermediate Care (ICF-IID)	Psych	Medical at Home / Independent Living	Hospice	Correctional	Total
Bed Count									