



# MARKETPLACE STEP THERAPY ENROLLMENT FORM

PATIENT INFORMATION					
Patient Name		<input type="checkbox"/> Male <input type="checkbox"/> Female		Allergies <input type="checkbox"/> NKDA	
Date of Birth	SSN#	Weight	<input type="checkbox"/> lb <input type="checkbox"/> kg	Date	
Address		City	State	Zip Code	
Home Phone Number	Work Phone Number		Email Address		

INSURANCE INFORMATION		
Primary Insurance		Policy Holder
Group Number	Policy Number	Phone Number
Service is <input type="checkbox"/> Routine/Non-Urgent <input type="checkbox"/> Expedited/Urgent*		
*Definition of expedited/urgent service request designation is when the treatment requested is required to prevent serious deterioration in the member's health or could jeopardize the member's ability to regain maximum function. Requests outside this definition should be submitted as routine/non-urgent.		

DIAGNOSIS/MEDICAL INFORMATION (Only completed requests will be reviewed.)		
<input type="checkbox"/> Gender Edit	<input type="checkbox"/> Step Therapy Edit	<input type="checkbox"/> Prior Authorization
Drug Requested (one drug per form)	Quantity (qty. edit only)	
Diagnosis		
<b>Medication History (Please list any previous or current therapy related to the diagnosis, using drug names and dates.)</b>		
Drug Name (dose and frequency)	Duration of Therapy w/ Dates	Currently Prescribed
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient currently not compliant on the regimen specific to the diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Please list any other supporting medical information that may be useful in the decision making:		

**PHYSICIAN CONTACT INFORMATION AND AUTHORIZATION**

Physician Name	Office Contact	Institution	
Phone Number	Fax Number	Specialty	
Address	City	State	Zip Code
Physician Signature _____		Date _____	

AultCare: 330-363-6360 (TTY: 711) | Fax: 330-363-3284  
[www.aultcare.com](http://www.aultcare.com)