

SCRIPS

Smoking Cessation Referral In Pharmacies

Blue Cross and Blue Shield of Minnesota Stop-Smoking Support

A collaboration between this Pharmacy, Prime Therapeutics LLC and Blue Cross and Blue Shield of Minnesota

Pharmacy Name		NABP# / NPI#
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First Name	Middle Initial	Last Name
Best phone number to reach you ()		Blue Cross member identification #

Blue Cross and Blue Shield of Minnesota Stop-Smoking Support provider usually calls the patient within three business days of receiving this information.

I understand that by completing this form, my pharmacy will release my name, telephone number and Blue Cross and Blue Shield of Minnesota member identification # to Blue Cross and Blue Shield of Minnesota Stop-Smoking Support provider for purposes of my participation. I also understand that the program and its representatives will contact me upon receiving this information from my pharmacy. This authorization is valid for one year from the date it is signed unless revoked earlier by the patient.

Patient or Patient Representative signature

Date

Patient Representative name (please print)

Relationship to Patient

File with Prescription



Prime Therapeutics is an independent company providing pharmacy benefit management services.