



MEDICATION SYNC REQUEST FORM

ALL MEDICATION SYNC REQUEST FORMS MUST BE SENT TO PART D DEPARTMENT AT:
PARTDSERVICES@HEALTHSUN.COM. PART D DEPARTMENT- Phone: (305) 460-3901 Fax: (305) 643-4323

PLEASE ATTACH THE PRESCRIPTION(S) TO THIS FORM

REMINDER: All previous prescriptions must be discontinued in pharmacy system before processing new attached prescriptions.

Member's Information

| | | |
|--------------------------------------|-----------------------|------------|
| Name: | Date of Birth / / | Sex F M |
| ID # | | |
| Requestor's Name (CENTER/PCP OFFICE) | Members Phone Number: | |
| Address: | Apt.# | |
| City: | State: | Zip Code: |

Name of medications to be synced: _____

Prescribing Physician's Information

| | | | |
|---------|-------|----------------------|-----|
| Dr. | | | |
| Address | City | State | Zip |
| Phone: | Fax # | Office Contact Name: | |

Requestor's Signature: _____

Date: _____

HealthSun complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-336-2069. (TTY: 1-877-206-0500). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-336-2069. (TTY: 1-877-206-0500). HealthSun Health Plans is an HMO plan with a Medicare contract. Enrollment in HealthSun Health Plans depends on contract renewal.