PRESCRIBER FORM

PRIOR AUTHORIZATION AGREEMENT

KARE RxHUB

A DIVISION OF
COREXA TECH & HUB, LLC

PRESCRIBER INFORMATION

Prescriber(s) : (additional prescribers: see page 2)

NPI(s) :

Clinic / CMO :

NPI :

Full Address :

Phone :

Fax :

E-Mail :

Point of Contact :

Title :

Contact Preference : ☐ **Email** ☐ **Phone** ☐ **Fax**

Other :

AGREEMENT INFORMATION

The following information will be required to initiate the prior authorization request (information may be delivered via theelectronic prescription or through one of the alternative methods listed below):

1. ICD-10 Code / Diagnosis
2. Prior failed medication therapies including duration and reason for discontinuation.
3. New or continued therapy

The following information may be requested if considered necessary for potential approval:

1. Chart notes
2. Lab results

Any additional information can be sent via email or by fax to KareRx Hub using the contact information below.

By signing this form, the prescriber agrees KareRx Hub will serve as an authorized representative of the prescriber's office in the initiation and execution of patient's insurance prior authorization process for all prescribed medications that require a prior authorization request to be completed.

Disclaimer: Prior authorization requests are subject to the discretion of the insurance company, and KareRx Hub cannot guarantee their approval. If a prior authorization request is denied, KareRx Hub will inform the prescriber of the denial. KareRx Hub will also offer information on potential alternatives, if available, or provide the necessary details to initiate an appeal with the insurance plan, if applicable.

E-PRESCRIBING: Send prescriptions electronically to KareRx Hub using **NCPDP 5762174**, or search for **"KareRx Portal"** in your EHR's pharmacy directory.

Prescriber Signature	Print Name	Date
Prescriber Signature	**Print Name**	**Date**

Please send completed form:

KareRx Hub, LLC
A Division of Corexa Tech & Hub, LLC
3000 Bayport Drive, Suite 950B
Tampa, FL 33607

Phone: 888-904-4111
Fax: 888-904-7111
NCPDP: 5762174

Website: karerxhub.com
E-mail: pa@karehp.com

THANK YOU FOR TRUSTING

PRESCRIBER FORM

ADDITIONAL PRESCRIBERS & CLINIC

KARE RxHUB

A DIVISION OF
COREXA TECH & HUB, LLC

ADDITIONAL PRESCRIBERS

Each additional prescriber listed below is covered by the Prior Authorization Agreement on page 1.

#	Prescriber Name	NPI	Prescriber Signature	Date
1			SIGN	
2			SIGN	
3			SIGN	
4			SIGN	
5			SIGN	
6			SIGN	
7			SIGN	
8			SIGN	
9			SIGN	
10			SIGN	
11			SIGN	
12			SIGN	

CLINIC / CMO INFORMATION

List the clinic, group practice, or CMO and its associated NPI (Type 2 / organizational NPI).

#	Clinic / CMO Name	Associated NPI
1		
2		
3		
4		
5		

SIGN

Authorized Signature (Clinic / CMO) | **Print Name** | **Date**

Please send completed form:

KareRx Hub, LLC
A Division of Corexa Tech & Hub, LLC
3000 Bayport Drive, Suite 950B
Tampa, FL 33607

Phone: 888-904-4111
Fax: 888-904-7111
NCPDP: 5762174

Website: karerxhub.com
E-mail: pa@karehp.com

THANK YOU FOR TRUSTING