



HAART Patient Enrollment Form

|       |                                      |     |                                      |
|-------|--------------------------------------|-----|--------------------------------------|
| Phone | <b>888-203-7973</b><br>(954)568-6212 | Fax | <b>888-203-7980</b><br>(954)568-2765 |
|-------|--------------------------------------|-----|--------------------------------------|

|            |                  |               |
|------------|------------------|---------------|
| Last Name  | First Name       | Middle Name   |
| Home Phone | Cell /Work Phone | Date of Birth |
| Address    |                  |               |
| City       | State            | Zip code      |

Please attach a Photocopy of the Front and Back of the Insurance Card To This Form

Florida Medicaid    
 Medicare Part D    
 Commercial    
 Cash

|  |       |                 |
|--|-------|-----------------|
| ID Number  | Group | Insurance Phone |
| <input type="checkbox"/> Enroll patient in Refill Reminder |       |                 |

| Medication  | Dosage/Directions  | Class                | Quantity | Refills |
|---|--|----------------------|----------|---------|
| <input type="checkbox"/> Aptivus Capsules         | Take 2 Capsules BID  | Protease Inhibitor   |          |         |
| <input type="checkbox"/> Atripla Tablets          | Take 1 Tablet QD   | NRTI/NNRTI           |          |         |
| <input type="checkbox"/> Combivir Tablets         | Take 1 Tablet BID  | NRTI                 |          |         |
| <input type="checkbox"/> Crixivan 400mg Capsules  |  | Protease Inhibitor   |          |         |
| <input type="checkbox"/> Emtriva 200mg Capsules   | Take 1 Capsule QD  | NRTI                 |          |         |
| <input type="checkbox"/> Efavir 150mg Tablet      | Take 1 Tablet BID  | NRTI                 |          |         |
| <input type="checkbox"/> Efavir 300mg Tablet      | Take 1 Tablet QD   | NRTI                 |          |         |
| <input type="checkbox"/> Epzicom Tablets          | Take 1 Tablet QD   | NRTI                 |          |         |
| <input type="checkbox"/> Fuzeon Injection         | Administer 1 Injection BID   | Entry Inhibitor      |          |         |
| <input type="checkbox"/> Intelence Tablets 100mg  | Take 2 Tablets BID   | NNRTI                |          |         |
| <input type="checkbox"/> Invirase 500mg Tablets   | Take 2 Tablet BID  | Protease Inhibitor   |          |         |
| <input type="checkbox"/> Isentress Tablets 400mg  | Take 1 Tablet BID  | Integrase Inhibitors |          |         |
| <input type="checkbox"/> Kaletra 200/50 Tablets   | Take 2 Tablets BID   | Protease Inhibitor   |          |         |
| <input type="checkbox"/> Lexiva Tablets           | <input type="checkbox"/> Take 1 Tablet BID <input type="checkbox"/> Take 2 Tablets BID | Protease Inhibitor   |          |         |
| <input type="checkbox"/> Norvir 100mg Capsules    |  | Protease Inhibitor   |          |         |
| <input type="checkbox"/> Prezista Tablets 300mg   | Take 2 Tablets BID   | Protease Inhibitor   |          |         |
| <input type="checkbox"/> Prezista Tablets 600mg   | Take 1 Tablet BID  | Protease Inhibitor   |          |         |
| <input type="checkbox"/> Rescriptor 200mg Tablets | Take 3 Tablets BID   | NNRTI                |          |         |
| <input type="checkbox"/> Retrovir 100mg Capsules  |  | NRTI                 |          |         |
| <input type="checkbox"/> Retrovir 300mg Tablets   | Take 1 Tablet BID  | NRTI                 |          |         |
| <input type="checkbox"/> Reyataz 150mg Capsules   | Take 1 Capsule BID   | Protease Inhibitor   |          |         |
| <input type="checkbox"/> Reyataz 200mg Capsules   | Take 1 Capsule BID   | Protease Inhibitor   |          |         |
| <input type="checkbox"/> Reyataz 300mg Capsules   | Take 1 Capsule BID   | Protease Inhibitor   |          |         |
| <input type="checkbox"/> Selzentry Tablets 150mg  |  | Entry Inhibitor      |          |         |
| <input type="checkbox"/> Selzentry Tablets 300mg  |  | Entry Inhibitor      |          |         |
| <input type="checkbox"/> Sustiva 600mg Tablets    | Take 1 Tablet QD   | NNRTI                |          |         |
| <input type="checkbox"/> Trizivir Tablets         | Take 1 Tablet BID  | NRTI                 |          |         |
| <input type="checkbox"/> Truvada Tablets          | Take 1 Tablet QD   | NRTI                 |          |         |
| <input type="checkbox"/> Videx EC 250mg Capsules  | Take 1 Capsule QD  | NRTI                 |          |         |
| <input type="checkbox"/> Videx EC 400mg Capsules  | Take 1 Capsule QD  | NRTI                 |          |         |
| <input type="checkbox"/> Viracept 625ng Tablets   | Take 2 Tablets BID   | Protease Inhibitor   |          |         |
| <input type="checkbox"/> Viramune 200mg Tablets   | Take 1 Tablet BID  | NNRTI                |          |         |
| <input type="checkbox"/> Viread Tablets           | Take 1 Tablet QD   | NRTI                 |          |         |
| <input type="checkbox"/> Zerit 40mg Capsules      | Take 1 Capsule BID   | NRTI                 |          |         |
| <input type="checkbox"/> Ziagen 300mg Tablets     | Take 1 Tablet BID  | NRTI                 |          |         |
| <input type="checkbox"/> SMZ/TMP DS Tablets       | <input type="checkbox"/> Take 1 Tablet Q o D <input type="checkbox"/> Take 1 Tablet QD |                      |          |         |
| <input type="checkbox"/> Thera-M Tablets          | Take 1 Tablet QD   |                      |          |         |
| <input type="checkbox"/> Prenatal Vitamin Tablets | Take 1 Tablet QD   |                      |          |         |

Prescriber Signature

Prescriber Name (Print)

Date

\*I authorize Commcare Pharmacy and it's representatives to act as an agent to initiate and execute the insurance prior authorization process.