

Yes, You Can! Quit Smoking Program

PRESCRIBING PROVIDER FAX REFERRAL FORM

(502) 585-8458 (fax)



Quit Smoking Program

PROVIDER INFORMATION: (To be completed by the prescribing provider.)		
Organization/Hospital/Group/Clinic Name:		
Prescribing Provider ID#:	Prescribing Provider Name:	
Contact:	Fax #:	Phone #:
MEDICATION CHOICE: (To be completed by the prescribing provider. Please be advised of FDA Guidelines.)		
<input type="checkbox"/> Chantix	<p>REMINDER: Please give the member a prescription for the smoking cessation medication chosen.</p> <p>Once the Plan receives the fax and makes contact with the member, an override will be issued and the pharmacy will be able to process the prescription. Please instruct the member it may take up to two weeks to get this medicine filled.</p>	
<input type="checkbox"/> Generic Wellbutrin		
<input type="checkbox"/> Nicoderm CQ Patches		
<input type="checkbox"/> Combination (Nicoderm CQ Patches with Generic Wellbutrin)		
MEMBER INFORMATION: (To be completed by the prescribing provider.)		
Member ID:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Visit:
Member Name:		Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:		Date of Birth:
City:	County:	Apt/Bldg #:
Primary Telephone#:	Secondary Telephone#:	Zip Code:
MEMBER PROMISE: (To be completed by the member.)		
What kind of tobacco do you use? <input type="checkbox"/> Cigarettes <input type="checkbox"/> Smokeless Tobacco <input type="checkbox"/> Cigar <input type="checkbox"/> Pipe		
<p>By signing up for this program, I agree to the following:</p> <ul style="list-style-type: none"> I am ready to quit using tobacco. I want to join the Yes, You Can! Quit Smoking Program. I know that to be in the Yes You Can! Quit Smoking Program, I must have a working phone number. I will talk on the phone to my Quit Smoking Coach once a week. My coach may leave a message when calling me. The program lasts 12 weeks. As long as I do my part, Passport Health Plan will pay for medicine to help me quit. My Quit Smoking Coach will send monthly progress reports to my prescribing provider. 		
Member's Signature:		Date:



Prescribing Provider Office: Please fax the completed and signed form to (502) 585-8458. To contact the **Yes, You Can!** Quit Smoking Coordinator, call 1-877-903-0082, press 0, then press ext. 78366.
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