

Pharmacy Profile Update



Instructions: Help us keep our records up to date. Use this form to notify MC-Rx of changes in your pharmacy’s contact information (address, telephone, fax, e-mails, etc.).

Complete this form online or print it. Once you are done, **send it to MC-Rx by email (PharmacyContracting@mc-rx.com) or by fax (787-653-2856).**

<p>Pharmacy Type <i>(select one):</i></p> <ul style="list-style-type: none"> Chain Community Home Infusion Hospital / CDT Long Term Care Specialty Pharmacy Other: 	<p>Services Offered <i>(select all applicable):</i></p> <ul style="list-style-type: none"> Adherence Programs Home Delivery Vaccines Others:
--	---

Pharmacy Information	
Check to indicated this is a change	Please complete all fields.
<input type="checkbox"/>	Pharmacy Name
<input type="checkbox"/>	NCPDP #
<input type="checkbox"/>	NPI #
<input type="checkbox"/>	Employer ID # <i>(“Seguro Social Patronal”)</i>
<input type="checkbox"/>	Owner’s Name(s)
<input type="checkbox"/>	Name of Pharmacy Administrator or Manager
<input type="checkbox"/>	Name of Chief Pharmacist

Pharmacy Information	
Check to indicated this is a change	Please complete all fields.
	Affiliations
	Software used to process prescriptions
	Mailing Address
	If a change in mailing address, what was the previous address?
	Physical Address
	Email
	Telephone #
	Fax #
	Pharmacy Service Days
	Pharmacy Service Hours
Describe the reason for submitting this form or include additional comments	
Form completed by (name)	Date (m/d/yy)



Important:
Have you completed all fields? Then, send the form to MC-Rx by email (PharmacyContracting@mc-rx.com) or by fax (787-653-2856).

Please be aware that some changes in your pharmacy's information will require further actions on our behalf.

If you have any questions regarding this form, please contact MC-Rx at 787-286-6032, ext. 3147.