

CAP Shipping and Administration Summary

To streamline the ordering of medications that are delivered to your office, please review and complete this form for each of the patients that BioScrip has determined needs a medication delivery within the next week.

Once completed, please fax completed document back to BioScrip at **(866) 368-9808**.

Step 1: Verify Ship to Address - This order will be sent to the current shipping address unless a new shipping address is specified.

Physician Name: ANGIE LYNN DOMINGO

Current Shipping Address:

C/O DR A DOMINGO
 926 N MICHIGAN AVENUE
 SAGINAW MI 48602

New Shipping Address:

Step: 2 Patient Shipment Confirmation

Patient Name	Medicare Policy #	Date of Birth	Medication	Rx Needed	Expected Admin Date	Requested Delivery Date	If patient has discontinued therapy, please confirm and provide reason

Step: 3 Patient Administration Confirmation

Patient Name	Medicare Policy #	Date of Birth	Medication	Expected Admin Date	Actual Admin Date	Date submitted to CMS	If patient did not receive, please confirm and provide reason

Step: 4 Provide Signature Approval

Name of contact at Dr. office approving shipment: _____

Phone number of representative to contact if there are any questions: _____