



Telephone: 888-311-7632 FAX: 800-848-4241
Peg-Intron Free Drug Program

CA ADAP Prescription Benefits Administrator
Telephone 1-888-311-7632 Fax 1-800-848-6465

Patient Name:

Date of Birth:

Date:

ADAP ID #:

Patient's Mailing Address (print clearly):

Prescribing Physician:

CA State License #:

Physician Contact Information

Phone Number:

Fax Number:

DEA Number:

Physician Mailing Address (print clearly):

Patient Consent to Release Peg-Intron Claims Data:

I authorize Ramsell Public Health Rx and the Office of AIDS to receive prescription records and claims data documenting my receipt of Peg-Intron through the Schering-Plough free Peg-Intron drug program for the treatment of Hepatitis C

Patient Signature _____

Date _____

PHSB USE ONLY: Client Eligible: Yes _____ No _____

Staff Initials: _____

Date verified: _____

Fax to Schering-Plough Commitment to Community Program 1-800-683-7855

Patient or physician to call Schering Plough Peg-Intron program at 1-800-521-7157.

ASSIGNED PEG-INTRON ID #