



**Pharmacists, please complete form and fax to
Prime Therapeutics' at 1-888-284-2826**

**St. Louis County
MTM Enrollment Fax Form**

Member First Name		Middle Initial	
Member Last Name			
Date of Birth			
BCBSM Member ID			
Street Address			
City	State	Zip	
Phone Number	Home <input type="checkbox"/>	Cell <input type="checkbox"/>	Work <input type="checkbox"/>

This member should be eligible for the benefit design associated with the following MTM-managed condition(s):

- COPD / Asthma
- Depression
- Heart Disease (High Blood Pressure, High Cholesterol, or Heart Failure)
- Diabetes

By completing this form, I certify that the member above is enrolled in the St. Louis County MTM Program and qualifies for the benefit design associated with participation in this program.

Pharmacist Name			
Pharmacist Signature			
NPI Provider Number			
Phone Number	Fax Number		
Date			

Question: Is member out of medication? No Yes

Note: Processing of enrollment form will take 5 business days. Once processed, member will be eligible for reduced copays for applicable MTM categories.