

Division of Health Care Financing and Policy

1100 East William Street, Suite 101

Carson City, Nevada 89701

(775) 684-3600

Recipient Request Pharmacy Lock-In Change

Recipient Name (Please Print) _____ Medicaid ID: _____

Current Locked-In Pharmacy

- Recipient's Choice Pharmacy Assigned by Medicaid

Current Locked-in Pharmacy _____

Pharmacy Address _____

City _____ State _____

District Office Staff Only (Complete entire form before faxing)

Current Pharmacy Phone Number: _____ Current Pharmacy Fax Number _____

Date Faxed to Current Pharmacy _____ Requested Effective Date _____
(Maintain Fax confirmation receipt)

New Locked-in Pharmacy

New Locked-in Pharmacy _____

Pharmacy Address _____

City _____ State _____

Reason for Change: _____

Recipient Signature _____ Date _____

District Office Staff Only (Complete entire form before faxing)

- Change Initiated by Recipient Change Initiated by Pharmacy

New Pharmacy Phone Number: _____ New Pharmacy Fax Number _____

Date Faxed to New Pharmacy _____ Requested Effective Date _____
(Maintain FAX confirmation receipt)

Medicaid D.O. Staff Name _____ Phone No. _____

New Pharmacy NPI _____

Please return form to the District Office Health Care Coordinators for submittal

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Carson City District Office
1100 E. William Street, Suite 102
Carson City, NV 89701
Telephone: (775) 684-3651
Fax: (775) 684-3663 | <input type="checkbox"/> Las Vegas District Office
1210 S. Valley View, Suite 104
Las Vegas, NV 89102
Telephone: (702) 668-4200
Fax: (702) 668-4280 | <input type="checkbox"/> Elko District Office
1010 Ruby Vista Drive, Suite 103
Elko, NV 89801
Telephone: (775) 753-1191
Fax: (775) 753-1101 | <input type="checkbox"/> Reno District Office
745 W. Moana Lane, Suite 200
Reno, NV 89509
Telephone: (775) 687-1900
Fax: (775) 687-1901 |
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