

Pharmacy Profile Update



Instructions: Use this form to notify MC-21 of changes in your pharmacy's contact information (address, telephone, fax, e-mails, etc.). Please complete all fields and submit the form to MC-21 by email (PharmacyContracting@mc-21.com) or by fax (787-653-2856).

Pharmacy Type (select one):			
<input type="checkbox"/> Hospital / CDT <input type="checkbox"/> Community <input type="checkbox"/> Long Term Care <input type="checkbox"/> Specialty <input type="checkbox"/> Home Infusion			
Services Offered:			
<input type="checkbox"/> Adherence Programs <input type="checkbox"/> Home Delivery <input type="checkbox"/> Vaccines <input type="checkbox"/> Others:			
Pharmacy Information			
Pharmacy Name			
NCPDP #		NPI #	
Employer ID # ("Seguro Social Patronal")			
Owner's Name(s)			
Pharmacy Administrator (if, applicable)			
Pharmacy Manager			
Affiliations			
Software used to process prescriptions			
Mailing 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 submitted	(m/d/yy)



Important: Have you completed all fields?

If you have any questions regarding this form, please contact MC-21 at 787-286-6032, ext. 3147