

# Pharmacy Profile Update



**Instructions:** Help us keep our records up to date. Use this form to notify MC-21 of changes in your pharmacy’s contact information (address, telephone, fax, e-mails, etc.).

Complete this form online or print it. Once you are done, **send it to MC-21 by email (PharmacyContracting@mc-21.com) or by fax (787-653-2856).**

<p><b>Pharmacy Type</b> <i>(select one):</i></p> <ul style="list-style-type: none"> <li>Chain</li> <li>Community</li> <li>Home Infusion</li> <li>Hospital / CDT</li> <li>Long Term Care</li> <li>Specialty Pharmacy</li> <li>Other:</li> </ul>	<p><b>Services Offered</b> <i>(select all applicable):</i></p> <ul style="list-style-type: none"> <li>Adherence Programs</li> <li>Home Delivery</li> <li>Vaccines</li> <li>Others:</li> </ul>
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Pharmacy Information	
Check to indicated this is a change	Please complete all fields.
	Pharmacy Name
	NCPDP #
	NPI #
	Employer ID # <i>(“Seguro Social Patronal”)</i>
	Owner’s Name(s)
	Name of Pharmacy Administrator or Manager
	Name of Chief Pharmacist

Pharmacy Information	
Check to indicated this is a change	Please complete all fields.
	Affiliations
	Software used to process prescriptions
	Mailing Address
	If a change in mailing address, what was the previous 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 (m/d/yy)

**!** **Important:**  
**Have you completed all fields?** Then, send the form to MC-21 by email (PharmacyContracting@mc-21.com) or by fax (787-653-2856).

Please be aware that some changes in your pharmacy's information will require further actions on our behalf.

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