



**SECURE PROVIDER WORKFLOW**

# Provider Referral Form

11701 Roby Ave, Beltsville, MD 20705 | Phone 202-589-9438 | Secure fax 202-589-9439  
providers@carecompassrx.com (nonclinical questions only)

**SECURE FAX ONLY: Send the completed form to 202-589-9439. Do not email patient information.**

## 1. Referral pathway

- Community / retail patient
- LTC / facility admission
- Medication packaging
- Delivery coordination

## 2. Patient / resident information

Full legal name

Date of birth

Phone

Address

Authorized caregiver / facility contact

Insurance plan / member ID

Known allergies (or attach a list)

## 3. Referring provider / organization

Organization / practice

Contact name

NPI

Phone

Secure fax

Email (nonclinical)

## 4. Requested pharmacy support

- New prescriptions / eRx
- Medication synchronization
- Local delivery
- Other
- Prescription transfer
- Packaging review
- Facility onboarding

## 5. Notes

### Referral notes / care-setting details

## 6. Secure submission

E-prescribe prescriptions separately to CareCompass Pharmacy. Fax this form and authorized supporting documents to 202-589-9439. Call 202-589-9438 to confirm receipt when timing is urgent. This form does not replace a valid prescription.

### Authorized signature

### Date

### Pharmacy profiles

<b>Licensure</b>	Maryland-licensed pharmacy	<b>Retail NPI / NCPDP</b>	1881540730 / 2146593
<b>LTC NPI / NCPDP</b>	1639026131 / 2146606	<b>Provider email</b>	providers@carecompassrx.com

Not yet dispensing prescriptions. Planned opening: September 1, 2026.