



♥CVS specialty nurse care management

Provider Clinical Coordination Fax Form

Date:

To: Accordant Health Services

Attn:

Fax: 1-866-247-1150

From:

Fax:

Phone:

Number of pages, including cover sheet: _____

Please provide pertinent clinical details on the following patient:

Patient Name:

Patient ID/DOB:

Include information on any recent clinical events, disease exacerbations, hospitalizations, procedures, lab values, test results, and relevant environmental factors. Use the space below, and/or attach additional pages, or enter details directly into your patient's EMR through the Epic® Care Everywhere network.

Please fax this form and any additional documentation to **1-866-247-1150**.

Thank you for working with Accordant on behalf of your patient.

EMR (electronic medical record).

All data sharing complies with applicable privacy laws. The recipient of this fax may make a request to opt out of receiving telemarketing fax transmissions from Accordant Health Services, LLC. There are numerous ways you may opt out: The recipient may call toll-free 877-265-2711 and/or fax the opt-out request to 401-652-0893, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request by email to do_not_call@cvscaremark.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to Accordant Health Services, LLC to send facsimile advertisements to such person/entity at that particular number. Accordant Health Services, LLC is required by law to honor an opt-out request within 30 days of receipt.