



969 Stevens Dr. Suite 1B

Richland, WA 99352

(509) 940-9001 (P)

(509) 940-9002 (F)

## NEW FACILITY SETUP

Facility Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Nursing Stations/Addresses: \_\_\_\_\_

### CONTACT INFORMATION

Administrator: \_\_\_\_\_

DNS: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_

### PHARMACY – START DATE

Dispensing Medications (start date): \_\_\_\_\_

Dispensing Cycle (1<sup>st</sup>, 15<sup>th</sup>, 28 Day/Month): \_\_\_\_\_

Packaging Type (Circle One): Bubble    Dispill    Strip    Vial

Dispensing Times: ie) TID = 8am, 12pm, 5pm: \_\_\_\_\_

### STATEMENT BILLING INFORMATION

Family/POA: \_\_\_\_\_

Facility: \_\_\_\_\_