QUIT Services fax referral form Fax Number: 1-800-483-3114

## Referring facility and healthcare provider information:

☐ Clinic ☐ Pharmacy ☐ Hospital ☐ Other  Facility name			☐ I certify that I am HIPAA covered entity		
			Department		
Fax number		Phone number	1	Facility NPI (National Provider Identifier)	
Address			Zip	County	
Referring health care p	rofessional				
Email			National Provider Identifier (NPI) Number		
Would you like a	an Outcome Repo	ort on whether th	e patient enro	led, declined or was unreachable?	
(Please select your p	oreferred method)				
☐ I want emailed out	come reports 🗆 I wa	nt faxed outcome repo	orts 🗆 I do not w	ant outcome reports	
Use this section	to pre-authorize	NRT			
*Note: As patients ha	ave different benefits,	using this form does n	ot guarantee they	will get free quit medications.	
Please check the box to Pre-Authorize NRT			for which my patie	ent has coverage at dosage consistent with FD	Α
Provider's name (Print)			Provider's signature		
	contact you at the ph			may be automated. Some messages may be	
First name		Middle name		Last name	
State	Zip code	Phone number		Date of birth	
Language preference	e □ English □ Other				
May we send text me	essages to this number	r? □ Yes □ No			
Patient signature box				Date	
Best contact times:	When are good weekday times to call?		When are goo	When are good weekend times to call?	
	☐ Mornings (8 a.m12 p.m.) ☐ Afternoons (12 p.m4 p.m.) ☐ Evenings (4 p.m8 p.m.)		☐ Afternoons	☐ Mornings (8 a.m12 p.m.) ☐ Afternoons (12 p.m4 p.m.) ☐ Evenings (4 p.m8 p.m.)	

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