



NOTIFICATION: PHARMACY CHANGE

**Original Pharmacy Information**

Original Date: \_\_\_\_\_

Pharmacy DBA Name: \_\_\_\_\_

Pharmacy Legal Name: \_\_\_\_\_

NPI: \_\_\_\_\_ NCPDP: \_\_\_\_\_ State License: \_\_\_\_\_ DEA: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Pharmacy Owner Name: \_\_\_\_\_

Authorized Representative Name: \_\_\_\_\_

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

**Updated Pharmacy Information**

Effective Date: \_\_\_\_\_

Pharmacy DBA Name: \_\_\_\_\_

Pharmacy Legal Name: \_\_\_\_\_

NPI: \_\_\_\_\_ NCPDP: \_\_\_\_\_ State License: \_\_\_\_\_ DEA: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Pharmacy Owner Name: \_\_\_\_\_

Authorized Representative Name (print): \_\_\_\_\_

Authorized Representative Signature\*: \_\_\_\_\_

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

***\*This signature represents confirmation that all information provided is accurate and complete.***

***\*\*All updated information should be reflected with NCPDP to continue network participation. Network participation will be determined upon NCPDP and credential verification.***

Completed document and supporting credentials should be sent to one of the following options.

- Fax: (855) 404-0968
- Email: [RetailManager@netcardsystems.com](mailto:RetailManager@netcardsystems.com) or [PharmacyInfo@welldyne.com](mailto:PharmacyInfo@welldyne.com)

For additional information or questions please contact our pharmacy network team at (866) 813-3743.