



PDMI

PHARMACY PROVIDER NETWORK ENROLLMENT
REQUEST INSTRUCTIONS

TO: Pharmacy Data Management, Inc.

ATTENTION: Pharmacy Enrollment

DATE: ____/____/____

NCPDP ID #: _____

NCPDP CHAIN CODE (if applicable): _____

PHARMACY NAME: _____

CONTACT NAME: _____

CONTACT EMAIL: _____

CONTACT PHONE: (____) - ____ - _____

CONTACT FAX: (____) - ____ - _____

INSTRUCTIONS: Thank you for your interest in joining Pharmacy Data Management Inc.'s (PDMI) Pharmacy Network. Any Pharmacy Provider that completes the enrollment application, provides all the necessary documentation, and passes our credentialing and minimum conditions for participation standards is welcome to participate. Please note the below steps in the enrollment process.

1. Complete the enrollment and (if already provided) credentialing application in its entirety
2. Provide all required documentation
 - a. FWA Attestation
 - b. State Pharmacy License
 - c. Pharmacist-in-Charge State License
 - d. DEA Certificate
 - e. Professional Liability Insurance Certificate
 - f. Federal Tax ID Certificate
 - g. W9
 - h. Medicare ID Award
3. Return the application and required supporting documentation to:
 - a. Email: pharmacyenrollment@pdmi.com
 - b. Fax: 330-757-8487
 - c. Mail: PDMI Pharmacy Enrollment, 8530 Crossroads Drive, Poland OH 44514
4. PDMI will review the enrollment application and provide notice to the pharmacy provider when:
 - a. Additional information is required to complete enrollment
 - b. The application for enrollment is denied for any reason
 - c. The application for enrollment is accepted



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5. Once the application is accepted, a Pharmacy Services Agreement (PSA) will be provided to you for your review and signature
 - a. Sign the Pharmacy Services Agreement provided and return to PDMI
 - b. Only after receiving a signed full copy of the PSA will the applicant then be implemented into the PDMI network per the supporting PSA
 - c. The applicant will receive a welcome letter notifying them of the effective date of their participation and a countersigned copy of the PSA for their records

Please allow up to 10 business days for processing of the submitted application. To check on your status after 10 business days, please email your request to pharmacyenrollment@pdmi.com and include your NCPDP # in the subject line of the email along with your request. Please include your NCPDP # in the subject line of any communication for clarity and to help process your request efficiently.

Please note that PDMI utilizes monthly NCPDP DataQ update information to maintain the majority of Pharmacy Provider demographic information for the PDMI pharmacy directories and networks. Please update your NCPDP profile information in a timely manner to ensure the PDMI directories are also updated with the desired effective dates. PDMI will no longer be taking or responding to requests pertaining to updates to most pharmacy demographic information, such as phone numbers and addresses as these will be maintained via the DataQ update process.

PDMI CONTACT INFORMATION:

- PHARMACY HELP DESK
 - Please see the member card for the number to best address any questions or issues.
 - Otherwise the phone number is 800-767-4226 (option 1).
 - The fax number is 330-757-7102.
 - The hours are Monday through Friday from 8:30 AM to 10:00 PM EST, and Saturday from 9:00 AM to 5:00 PM.
- WEBSITE
 - <http://www.pdmi.com/pdmi/resources/network-pharmacy-support>
 - PDMI provides the most up to date forms and contact information listed here
 - MAC Appeals procedure, ETF Forms, Remittance Forms, Payer Sheets
- EMAIL
 - pharmacy@pdmi.com
 - Claims calculation issues, contract issues, affiliation issues
 - pharmacyenrollment@pdmi.com
 - Enrollment updates, credentialing, contracting requests, pharmacy not contracted
 - MAC@pdmi.com
 - Please use for all MAC appeals and requests
 - pharmacypayables@pdmi.com
 - Please use for all EFT, ACH, 835, remittance, and pay center issues
 - audit@pdmi.com
 - Please use for all questions and communications regarding audits and recoveries



PDMI

- PHARMACY NETWORK VOICEMAIL
 - 330-757-0724 x 5229
 - Please use at your convenience for issues you wish to discuss via a returned phone call
- PHARMACY NETWORK FAX
 - 330-757-8487
 - ATTENTION: PHARMACY NETWORK
 - Please use at your convenience for transmitting documentation related to any of the Pharmacy Network functions
- MAIL SERVICE
 - ATTENTION: PHARMACY NETWORK, 8530 Crossroads Drive, Poland OH 44514