

Please be advised that the following patient is a Merrimack Valley Hospice Patient. Please bill all hospice related medications to the Hospice Prescription Benefit Program using the information provided on the insurance card below.

Patient Name: _____ **Medical Record #:** _____
(Cardholder ID)

Date of Birth: ____ / ____ / ____



**Merrimack Valley Hospice
Prescription Benefits Card**

Limited Formulary ✦ Diagnosis Specific

Cardholder ID: _____

Rx Bin: 004527

PCN: EHO UDL

Rx Group: 21365

Name: _____ 

Please present this card to your Pharmacist with your prescription

**Hospice Pharmacy Benefits Manager
Long Term Pharmacy Solutions, Inc.
225 Stedman Street, Suite 27, Lowell, MA 01851**

Rx Claims Processed by: EHO

**Refer eligibility questions or transmission difficulties to the
Help Desk: 1-800-650-1817**

*Prescription claims must be submitted electronically to obtain reimbursement.
Possession of card does not guarantee or certify coverage.
Eligibility will be verified upon adjudication.*