Keystone First | Keystone First Community HealthChoices

Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.

Application: Pharmacist Tobacco Cessation

Name: _____

Legal Entity Name: _____

Group NPI (10 characters), if applicable: _____

Group/Solo TIN/EIN # (9 characters): _____

Contact Name: _____ **Contact Email:** _____

The Pennsylvania Department of Human Services (DHS) states, "The Medicaid enrolled Pharmacy will be set as a group/payee for these services. Pharmacists must be Medicaid Enrolled as Type 37 –Tobacco Cessation Counselor and will be the rendering practitioner on the claims. The Pharmacy will bill with their Medicaid enrolled NPI and the Pharmacist must have a service location extension that matches the billing Pharmacy address".

.	Pharmacy Name	Street Address	Bldg # and/or Ste #	City	State	Zip Code	County	Telephone w/ Area Code	Fax Number w/ Area Code	Email
Pharmacy Location 1										
Pharmacy Location 2										
Pharmacy Location 3										
Pharmacy Location 4										

* Enrollment in the PA Medical Assistance Program is required in our Medicaid Product. If you are not enrolled and do not have PPID we cannot enroll you for participation. If you need to enroll, please call the Department of Human Services at 1-800-537-8862.

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Pharmacist Information:

First Name	Last Name	MI	Degree	Specialty	Individual NPI # (10 characters)	PPID #*	Pharmacy Location (Insert Practice #)

Submit this completed form via email to: provider.contracting@keystonefirstpa.com or fax to 215-863-5472

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