



**From:** PETER/ Walgreens

**Fax:** (305)-390-3669 / (760)-284-9313

**Attention To:** GENEVA CURRY C.F.N.P.

**Date:** 30/08/24

**Number of Pages Including Cover:** 2

**Subject:** PRIOR AUTHORIZATION FORM/URGENT

**PLEASE INCLUDE RECENT MEDICAL NOTES AND FACE SHEET**

**Confidentiality Notice: Confidential Health Information Enclosed**

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**HIPAA COMPLIANT PHYSICIAN AUTHORIZATION FORM TO  
CONFIRM AN ACTIVE PATIENT**

**TO:** GENEVA CURRY C.F.N.P.

**Address:** 1504 HOSPITAL STREET PREMIER MEDICAL CLINIC

**Phone:** 662-378-9929

**Fax:** 662-378-9926

**RE:** **Patient Name:** RUBY SMITH

**DOB:** 6/16/1950 **MBI:** 6HK8U54CJ24 **PT Phone:** 6628222793

**Address:** 804 Ireys St, Greenville, MS, 38701

✓ **This is just an active patient authorization form so clinical or office visit notes of the above mentioned are required.**

- Please authorize whether the patient is still under the care at this office.
- Please fax this form back within 48 hours so that we can follow up with you on patients refill accordingly.
- If the patient has changed or switched to another Provider, please mention providers name below.

**I undersigned; certify that the above patient is under my care and being treated at our facility. I certify that this information is true and correct and as per as HIPAA Compliance. The above-mentioned information will strictly remain confidential.**

\_\_\_\_\_  
**Treating Physician OR FNP Signature**

\_\_\_\_\_  
**Date:** 30/08/24

**NPI:** 1740359892

**Phone:** 305-419-0207

**Return Fax:** 305-390-3669