



## Account Application

Today's Date: \_\_\_ / \_\_\_ / \_\_\_

Facility: \_\_\_\_\_

Facility Type:     Hospital             Outpatient/ASC             Physician Office  
                           PHS (ID#) \_\_\_\_\_  FSS/OGA     Other \_\_\_\_\_

Facility NPI #: \_\_\_\_\_ Facility DEA #: \_\_\_\_\_ Facility License #: \_\_\_\_\_

\*Please provide copy of state license

Facility Tax ID#: \_\_\_\_\_ Facility Contact: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Facility Fax: \_\_\_\_\_

Clinical Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

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

Billing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Billing Address: \_\_\_\_\_

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

*Please list all providers in the practice that may be utilizing PRIALT® (ziconotide) intrathecal infusion.*

Prescriber & Specialty	Email	Prescriber NPI #	Prescriber DEA #	Medical License # <small>*Please provide copy of state license*</small>	Federal Tax ID #

Please fax completed form to 1-855-PRIALT-3 (1-855-774-2583)

Please see full Prescribing Information, including BOXED Warning, for important safety information.