



A Public Entity

INLAND EMPIRE HEALTH PLAN



To: Skilled Nursing Facilities
From: Provider Contracting
Date: October 26, 2015
Subject: SNF Pharmacy Information

IEHP is requesting pharmacy information from all of our Contracted Skilled Nursing Providers. Data collection will be used for informational purposes. Please fill out the information below, if your facility requires additional forms please make a copy, complete and return form(s) to the IEHP Contracts Department via fax at 1 (909) 477-8547 or by e-mail at Contract@iehp.org, no later than **Friday, October 30, 2015**.

1. Name of Skilled Nursing Facility: _____

Name of Pharmacy: _____

Pharmacy NPI: _____

Pharmacy Phone: _____

Contact Name: _____

Contact E-mail: _____

2. Name of Skilled Nursing Facility: _____

Name of Pharmacy: _____

Pharmacy NPI: _____

Pharmacy Phone: _____

Contact Name: _____

Contact E-mail: _____

As a reminder, all communications sent by IEHP can also be found on our Provider portal at the following address: <https://ww3.iehp.org/en/providers/correspondence/>.

If you have any questions or concerns, please feel free to contact your Contracts Manager for assistance.