

Prescription Plan

This prescription plan will be in effect beginning the date this form is signed. If the prescription plan becomes invalid, the provider listed below will need to send notification to the St. Luke's Health Partners (SLHP). The prescription plan will end once the following documents have been obtained if applicable: (1) Federal DEA certificate with an Idaho practice address and (2) Idaho State Board of Pharmacy Controlled Substance certificate.

- ☐ The following provider, who currently in network with BrightPath/SLHP, will write all my prescriptions while I am waiting for my Federal DEA (with Idaho address) and Board of Pharmacy Certificate:

Please explain exception: _____

Covering Provider's Name/Title (Printed): _____

Covering Provider's DEA Number: _____

Covering Provider's Signature: _____ Date: _____

Applicant Name (Printed): _____

Signature: _____ Date: _____