

Asheville Project: Pharmacist Care Manager Location List

Patient Name: _____

Directions:

Section 1: Place the number "1" beside your 1st choice; "2" beside 2nd choice; "3" beside 3rd choice

Section 2: Allows you to provide us with additional information that may help with current or future provider selection

Note: You can fill your prescriptions at any pharmacy regardless of your Care Manager Assignment.

Section 1:

Pharmacist Care Manager Location

Choice	Company	Address	City	Diab	CV	Asth	Dep
	City of Asheville Public Works Building	161 S. Charlotte St.	Asheville	Yes	Yes	Yes	Yes
	Kerr Drug	1124 Patton Ave	Asheville	Yes	Yes	Yes	Yes
	Health Rich Pharmacy (Formerly Medicap)	3130 US 70	Black Mountain	Yes	Yes	Yes	Yes
	Medicine Shoppe	760 Merrimon Ave	Asheville	Yes	Yes	Yes	No
	Mission Hospital Community Health Education Center	445 Biltmore Ave	Asheville	Yes	Yes	Yes	Yes
	Weaverville Drug	3 N. Main St	Weaverville	Yes	Yes	Yes	Yes

Section 2:

Additional Information

	I live/work in the _____ area and would be interested in seeing a pharmacist in that general area.	
	I get my medications at _____ and my pharmacist has expressed and interest in becoming a Pharmacist Care Manager with the program.	
	Pharmacist Name:	Pharmacist Phone#:
	I have no preference, please assign me according to my needs and pharmacist availability.	