



Rx Outreach Program's Registration Form

Organization's Name: _____

Organization's Contact Person: _____

Organization's Mailing Address: _____

Organization's Email Address: _____

Organization's Phone Number: _____

Organization's Rx Outreach Program Number: (Assigned after receiving Registration Form)

Please Fill Out The Rx Outreach Program's Registration Form & Fax To: 407.218.8943

Referred By: Dennis K. Thomas NCR8000

www.DKT.BenefitsOutreachSpecialist.com / dkt@BenefitsOutreachSpecialist.com

Benefits Outreach Helpline: 888.874.5939