MAIL SERVICE

Patient Information and Order Form

PO Box 779
Mechanicsburg, PA 17055-0779

www.empirxhealth.com

Complete this form to order new prescriptions or refills.
For convenient service, order refills or check benefit information online at www.empirxhealth.com, the EmpiRx Health Mobile App, or call the phone number on the back of your ID card.

(Cardholder ID#) (RxGRP#)

(Cardholder Name)

(Shipping Address)

(Shipping Address)

(City, State, Zip)

(Daytime Phone) (Evening Phone) (Cell Phone)

(E-Mail Address)

Please be aware that certain medications cannot be delivered to a post office box.
☐ Is this a temporary address change?
☐ Is this a permanent address change?
If so, be sure to contact your plan administrator.

☐ Check here to receive communications via text message.

New Prescriptions and Patient Information	**Complete section below for each person submitting prescription(s) and enclose new prescription(s) in envelope along with form.**				
Patient Name			Prescriber Name	List Allergies/Health Conditions or Misc. Info.	
DOB	Gender ☐ Male ☐ Female	Relationship To Cardholder ☐ Self ☐ Spouse ☐ Dependent	Prescriber Phone #	# of Rxs enclosed for this patient	☐ Check here for easy open caps If you do not permit substitution with a lower cost or generic medication, indicate here by listing the medications.
Patient Name			Prescriber Name	List Allergies/Health Conditions or Misc. Info.	
DOB	Gender ☐ Male ☐ Female	Relationship To Cardholder ☐ Self ☐ Spouse ☐ Dependent	Prescriber Phone #	# of Rxs enclosed for this patient	☐ Check here for easy open caps If you do not permit substitution with a lower cost or generic medication, indicate here by listing the medications.
Patient Name			Prescriber Name	List Allergies/Health Conditions or Misc. Info.	
DOB	Gender ☐ Male ☐ Female	Relationship To Cardholder ☐ Self ☐ Spouse ☐ Dependent	Prescriber Phone #	# of Rxs enclosed for this patient	☐ Check here for easy open caps If you do not permit substitution with a lower cost or generic medication, indicate here by listing the medications.

PA STATE LAW PERMITS PHARMACISTS TO SUBSTITUTE A LESS EXPENSIVE GENERICALLY EQUIVALENT DRUG FOR A BRAND NAME DRUG UNLESS YOU OR YOUR PHYSICIAN DIRECT OTHERWISE

If you do not want a less expensive brand or generic medication, please indicate above where requested.
Please note that you may pay more for a brand name drug if your prescription plan dictates.

Please see reverse side for additional information.

Refills	For convenient service, order refills or check benefit information at **www.empirxhealth.com** or the **EmpiRx Health Mobile App**	
Patient Name	Rx #	Medication
Patient Name	Rx #	Medication
Patient Name	Rx #	Medication
Patient Name	Rx #	Medication
Patient Name	Rx #	Medication

Payment Information
DO NOT SEND CASH

Please make check or money order payable to **Benecard Central Fill.**
Write your member ID # on the check or money order.
(Checks returned for insufficient funds will be subject to a $40 processing fee.)

Complete section below if paying by credit card.

We accept Visa®, MasterCard®, Discover®, American Express®.

_____ Credit Card Number

_____ Exp. Date

_____ Credit Card Holder Signature

_____ Date

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

☐ Check here to keep this card on file.
We will bill your card for future orders and any outstanding balances for all persons in the family.

If the Credit Card Billing Address is NOT the same as the Shipping Address, please specify Credit Card Billing Address below.

_____ (Credit Card Billing Address)

_____ (Credit Card Billing Address)

_____ (City, State, Zip)

Your credit card will be charged according to your prescription plan and expedited shipping (if requested). There is no additional charge for standard delivery. (Allow up to 14 days for delivery).

For Faster Delivery: Check one of the boxes below. (Charges are subject to change).

☐ 2nd Business Day - - $15 ☐ Next Business Day - - $20

(Expedited Shipping will not affect processing time of your order; it will only affect the shipping time).

If prescriptions for more than one person are sent to us in the same envelope, we may send the medications together in one package unless otherwise directed.