Harvard Pilgrim HealthCare

Harvard Pilgrim
Mail Service Prescription Drug Program
Administered by **BioScrip**

ORDER FORM

Important: Please read instructions on reverse side before completing this form to avoid a delay in your order!

I. PATIENT INFORMATION

Last Name _____

First Name _____ M. Initial _____

Date of Birth _____ Male ____ Female _____

Home Address _____

City _____ State ____ Zip _____

Home Phone _____ Work Phone _____

e-mail Address _____

Shipping Address (if different): _____

Street Address _____

City _____ State ____ Zip _____

II. HEALTH INFORMATION

• **Allergies** ☐ Yes ☐ No If yes, please list: _____

_____

• **Medical Conditions** ☐ Yes ☐ No If yes, please list:

_____

_____

_____

III. INSURANCE INFORMATION

Cardholder Name _____

(if different from patient)

Relationship: ☐ self ☐ spouse ☐ child ☐ student ☐ other

Member ID # _____

IV. PAYMENT OPTIONS

☐ Credit Card: ☐ American Express ☐ MasterCard ☐ Discover Card ☐ Visa

Name listed on card: _____

Credit Card # _____ Exp. Date _____

Signature _____

(signature authorizes **BioScrip** to charge my credit card)

☐ Check # _____ amount included: $ _____

☐ Money Order # _____ amount included: $ _____

(Make check/money order payable to:

BioScrip

P. O. Box 1778, Columbus, OH 43216)

PAYMENT MUST ACCOMPANY ORDER

V. PRESCRIPTION INFORMATION

☐ I am enclosing original prescriptions written by my physician for the medications listed below **(Complete A).**

☐ Please have a pharmacist contact my physician. * **(Complete A, B & C)**

☐ **I choose to REFILL the medications that I have received from BioScrip previously using this form (Complete D). Or SAVE TIME by calling the telephone number on the reverse side!**

* Depending on the availability of your physician, this option may entail additional processing time.

A. Medication Name, Strength, Quantity	**B.** Doctor's Name	**C.** Doctor's Phone #	**D.** REFILLS (refill #)
1.			
2.			
3.			
4.			

VI. PATIENT AUTHORIZATION

☐ I certify that the information on this form is correct, and authorize release of information regarding my medical and prescription drug history to the Harvard Pilgrim Mail Service Prescription Drug Program.

Date Signature

Internal use only

☐ patient info	☐ insurance info	☐ rx info
☐ name	☐ type	☐ hard copies
☐ dob	☐ id#	☐ md name
☐ address	☐ group	☐ md phone #
	☐ relationship	

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INSTRUCTIONS FOR ORDERING YOUR MAINTENANCE MEDICATIONS

For New Prescriptions:

- Please fill out the order form (see reverse) **completely** and print clearly. Use one order form for each patient ordering medication(s). **Missing information delays the processing of your order.**
- If using a credit card, be sure to include your credit card number. **BioScrip** cannot process or ship your order without payment in full. If you know your copayment, you can also pay by personal check or money order.
- **BioScrip** provides *free* standard shipping for prescriptions. If you choose to have your medication shipment rush-ordered, additional costs will apply.
- Pharmacy Regulations prohibit **BioScrip** from honoring requests to cancel or return prescription orders after the order has been received.

For Refills: If your medication was previously filled by **BioScrip** (check the label), you can have it refilled by calling toll-free **1-877-347-3216** (**1-877-517-9301** for TTY service). Choose "refill my medication" and follow the instructions.

MEDICATION SUPPLY CONSIDERATIONS

Be sure to place your order at least 21 days before you run out of your current medication supply. Your benefit plan requires your doctor to write a prescription for a 90-day supply. If you need a prescription fulfilled immediately, ask your doctor to write a 30-day prescription that you can have filled at your local pharmacy, and a 90-day prescription for you to send to **BioScrip**. (Please note: If your doctor specifies a quantity less than 90 days, it will be filled as written on the prescription. For example: if the prescription specifies a 30-day supply, **BioScrip** will fill the prescription for 30 days.)

BENEFIT INFORMATION

BioScrip must adhere to your benefit plan. If an order cannot be processed due to benefit plan stipulations, **BioScrip** will contact you. Call the Member Services phone number provided on the back of your Harvard Pilgrim identification card if you have questions about your drug benefits or copayments.

FOR MORE INFORMATION

Visit us online at **www.harvardpilgrim.org**, click on "Members" and then go to "Pharmacy."

Questions about placing your order or your order status?
Call us toll-free at **1-877-347-3216** (**1-877-517-9301** for TTY service).

BioScrip
P.O. Box 1778
Columbus, OH 43216

Hours of Operation:
Seven Days a Week
24 Hours a Day