# Handwritten Refill Form

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**Description:**This document includes the Downtime Handwritten Refill Form, with instructions on how to fill it out and how to email it securely and to whom it must be sent.

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| Handwritten Refill Form Directions |

Verify that downtime procedures are to be followed **prior** to using this form. Inform a designated leader immediately when you are unable to perform your assigned job duties.



**Note:** Your Supervisor or Manager determines the course of action to be followed.

Complete the following steps:

|  |  |
| --- | --- |
| **Step** | **Action** |
| **1** | Copy the Handwritten Refill form from below and paste into an Outlook email. |
| **2** | Complete all required information regarding the member, including ID number, DOB, shipping address, and telephone number. |
| **3** | Verify the shipping method, and if the member requests expedited shipping for an additional charge. |
| **4** | List all Rx(s) that member is ordering, including Rx number(s), drug name(s), strength(s) and quantity(s). Verify and include the method of payment that member will be using for this order.  **Never** list full credit card numbers. |
| **5** | Recap the entire order for accuracy and completeness. |
| **6** | Email to Supervisor or the designated Supervisor on Duty (or back up Supervisor) and input \*SecureMail\* on Subject line - Handwritten Refill Form <Date>. |
| **7** | **System Outage Verbiage:** Icon - Callout We are currently updating our systems, and I cannot access your information at this time. We should be able to access your records in (1, 2, or 3 hours, alternating call back time with each caller). |

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| Handwritten Refill Form |

**\*\*CONTAINS PHI – ALL fields must be completed – ALL forms will be collected\*\***

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| --- | --- | --- |
| **CCR Name:** | **Date:** | **Time:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Member Information:** | | | |
| **ID:** | **Full Name:** | | **DOB:** |
| **Shipping Address:** | | | |
| **City:** | | **State:** | **Zip Code:** |
| **Telephone#:** | | **☐Does the member require a confirmation callback?** | |

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| **Shipping Method:** | | |
| ☐Best Method (no charge) |  | ☐2nd Day ($17) ☐Urgent Next Day ($23) |

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| --- | --- | --- | --- | --- | --- |
| **Prescription Information:** | | | | | |
| **Member Name** | **DOB** | **Rx Number** | **Drug Name** | **Strength** | **Qty** |
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| --- | --- | --- | --- | --- | --- | --- |
| **Current Payment Information: ☐** Apply balance due | | | | | | |
| **Choose one option below:** | | | | | | |
| ☐Visa | ☐MasterCard | | ☐Discover | ☐American Express | **Last 4:** | **Exp Date:** |
| ☐No Copay | | ☐**E-Check Account #:** | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **New Payment Information:** | | ☐Make Default | ☐Apply Balance Due | | ☐Exclusive | |
| **Choose one option below:** | | | | | | |
| ☐E-Check Checking | ☐E-Check Savings | | | **Routing#:** | | **Account#:** |

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**Note:** Advise member to enter credit card information on the website for security purposes. **Never** ask member for credit card number.

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