



HEALTHTRANS

Mail Service

Toll-free: 1-877-289-0616 | Fax: 1-877-289-0617
HealthTrans | P.O. Box 4057
Greenwood Village | CO 80155-4057

BENEFIT INFORMATION:

HealthTrans must adhere to your benefit plan. If an order cannot be processed due to benefit plan stipulations, HealthTrans will contact you. Call the Member Services phone number provided on the back of your healthcare identification card if you have questions about your drug benefits or copayments. If you have questions about placing your order or your order status, call us toll-free.

I. PATIENT INFORMATION:

Last Name, M. Initial, First Name, Date of Birth, Patient Relation to Plan Member, Gender, Self, Spouse, Dependent, Other, Female, Male

II. SHIPPING ADDRESS:

Street, City, State, Zip, Home Phone, Work Phone

III. HEALTH INFORMATION

Allergies: Yes/ No
If yes, please list

Medical Conditions: Yes/ No
If yes, please list

IV. INSURANCE INFORMATION

Cardholder Last Name, Member ID #, Group/Employer Name, M. Initial, First Name, Group #

V. PAYMENT OPTIONS (PAYMENT MUST ACCOMPANY ORDER)

Credit Card: MasterCard, Discover Card, Visa
Credit Card #, Exp. Date, Name as it appears on card, Billing Zip Code, Signature, Check #, Amount included, Money Order #, Amount included

VI. PRESCRIPTION INFORMATION

I am enclosing new original prescriptions written by my physician for the medications listed below.

Table with 4 columns: Medication Name, Strength, Quantity; Doctor's Name; Doctor's Phone Number; Refills (refill number)

I choose to REFILL the medications that I have received from HealthTrans Pharmacy previously, using this form. Or SAVE TIME by calling 1-877-289-0616

VII. PATIENT AUTHORIZATION

I certify that the information on this form is correct, and authorize release of information regarding my medical and prescription drug history my program sponsor of the prescription drug program.

Date

Signature



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INSTRUCTIONS FOR ORDERING YOUR MAINTENANCE/SPECIALTY MEDICATIONS

Welcome to the HealthTrans mail order service plan. The mail order service is designed for those patients who require medications on a recurring basis. Mail order is convenient for you, because the medications will be mailed directly to your home.

Step 1 - Doctor Prescription

To begin using mail order, you must first obtain a written prescription from your doctor for a 90-day supply. Typically, only certain drugs are available for a “maintenance” 90-day prescription. Please have your doctor verify if your particular medication is on the maintenance drug list. The original prescription must be submitted along with the completed mail order form.

Step 2 - Fill Out Form

Take a few minutes to complete the form on the back of this page. Please fill out the order form completely and print clearly. Use one order form for each Patient ordering medication(s). Missing information delays the processing of your order.

Step 3 - Select Payment Option

When using a credit card, be sure to include your credit card number and expiration date. Your name must be written as it appears on your credit card and you must include your billing zip code for proper processing. HealthTrans Pharmacy 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, however these methods may delay processing. HealthTrans Pharmacy provides free standard shipping for prescriptions. If you choose to have your medication shipment rush-ordered, additional costs will apply.

Step 4 - Submit form to HealthTrans

Send a copy of completed form and your original prescription(s) to:
HealthTrans, P.O. Box 4057,
Greenwood Village, CO 80155-4057

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 HealthTrans Pharmacy. (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, HealthTrans Pharmacy will fill the prescription for 30 days.)

Pharmacy Regulations prohibit HealthTrans Pharmacy from honoring requests to cancel or return prescription orders after the order has been received.

HIPAA - This document is covered under the guidelines and federal law regarding patient privacy information.