Instructions: Complete this form and mail it with the required physician prescription(s) to:

Fairview Mail Service Pharmacy
711 Kasota Ave.
Minneapolis, MN 55414

See next page for more details and answers to commonly asked questions.

PLEASE PRINT

Refer to your employee benefits information for copay amounts. Enclose your original prescription(s) and your credit card payment information.

Insurance ____ Insurance Holder's Name ____ Group # ____ ID # ____

Insurance Holder's Address ____ City ____ State ____ Zip Code ____ Home Phone ( )

Insurance Holder Prescription Information

Name: ____ ☐ M ☐ F

Please check all that apply : **Date of Birth** ____ **Physician** ____

Health Conditions: ☐ Asthma ☐ Diabetes ☐ Glaucoma ☐ High Cholesterol ☐ Arthritis ☐ Hypertension ☐ Thyroid (low) ☐ Thyroid (high) ☐ Other_____

Allergies: ☐ None ☐ Aspirin ☐ Codeine ☐ Iodine ☐ Erythromycin ☐ Sulfa ☐ Penicillin ☐ Other _____

Prescriptions & over-the-counter medications currently taking: ____

Dependent Prescription Information

Name: ____ ☐ M ☐ F

Please check all that apply : **Date of Birth** ____ **Physician** ____

Health Conditions: ☐ Asthma ☐ Diabetes ☐ Glaucoma ☐ High Cholesterol ☐ Arthritis ☐ Hypertension ☐ Thyroid (low) ☐ Thyroid (high) ☐ Other _____

Allergies: ☐ None ☐ Aspirin ☐ Codeine ☐ Iodine ☐ Erythromycin ☐ Sulfa ☐ Penicillin ☐ Other _____

Prescriptions & over-the-counter medications currently taking: ____

Dependent Prescription Information

Name: ____ ☐ M ☐ F

Please check all that apply : **Date of Birth** ____ **Physician** ____

Health Conditions: ☐ Asthma ☐ Diabetes ☐ Glaucoma ☐ High Cholesterol ☐ Arthritis ☐ Hypertension ☐ Thyroid (low) ☐ Thyroid (high) ☐ Other _____

Allergies: ☐ None ☐ Aspirin ☐ Codeine ☐ Iodine ☐ Erythromycin ☐ Sulfa ☐ Penicillin ☐ Other _____

Prescriptions & over-the-counter medications currently taking: ____

☐ Charge to my credit card

Cardholder name ____ Account Number ____

Cardholder Signature ____ Expiration Date — ☐ Mastercard ☐ Visa ☐ American Express ☐ Discover

Shipping Information

Date ____ Name ____ Mailing Address ____

City ____ State ____ Zip Code ____ Home Phone ( ) Daytime Phone ( )

I certify that all information on this form is correct. I permit Fairview Mail Service Pharmacy to release all information to plan sponsor, administrator or underwriter.

X ____
Signature Required

Easy-Open Containers

Please sign below if you want prescriptions for you or your eligible dependents dispensed in containers that are NOT child-resistant.

X ____
Signature Required

How do I use the Fairview Mail Service Pharmacy?

For new prescriptions, please follow these simple steps:

1.If you need to start your medication right away, please have your physician complete two prescriptions. One prescription needs to be written for a one month supply.

The second prescription must be specifically written for a 90-day quantity by your physician.

2. Mail the prescription for the 90-day supply to the Fairview Mail Service Pharmacy.

3. Complete the Mail Service Participant Profile (on page 1) and mail it along with your original prescription(s) and copayments.

A complete street address will be needed to utilize the mail service.
For a controlled substance prescription, an adult signature will be required upon receipt.

How do I get additional refills through the Fairview Mail Service Pharmacy?

When you receive your first 90-day supply, you will receive a prescription refill slip. This form will include detailed information on how to place a refill request. Please plan to order your refill at least two weeks before your current supply runs out.

How is confidentiality ensured?

Your medication will be sent to you in a plain package with a return address only. The pharmacy name will not be listed on the package.

How do I pay for the service?

Copayments may be made by credit card. Credit card information must accompany your prescription request.

How long will it take to receive medications through the mail service?

From the time your prescription is mailed to the pharmacy, you can expect your prescription to arrive in **5 - 7 business days.**

Is there a charge for postage?

For regular mail delivery, there is no charge for postage. For requested next day service or special handling, there will be an additional charge.

Can I talk to a pharmacist?

Yes, just call 866-377-6245. Our pharmacists are available Monday through Friday, 8 a.m. to 7 p.m., Saturday, 8 a.m. to 4 p.m. CST. A pharmacist is on call 24/7.