

# New Prescription Mail-in Order Form



Fill out electronically, or print using blue or black ink. **One form per member.**

If you have questions or need additional forms, visit [ServeYouRx.com](https://www.ServeYouRx.com).

**Do not staple or tape prescriptions to the order form. Mail this completed order form with your new prescription(s) to:**

Serve You Rx Home Delivery Pharmacy, 10201 West Innovation Drive, Suite 600, Milwaukee, WI 53066

## PRESCRIPTION BENEFIT CARDHOLDER INFORMATION

Prescription Benefit Plan Name: \_\_\_\_\_  
Member ID #: \_\_\_\_\_ Group #: \_\_\_\_\_ BIN #: \_\_\_\_\_ PCN: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender:  Male  Female Email Address: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Delivery Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
(If different than the permanent address)  For this order only  For all orders  
Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_  
 Mobile  Work  Home  Mobile  Work  Home

## MEDICATION ALLERGIES

No known allergies  Aspirin  Codeine  Iodine  Quinolones  Tetracyclines  
 Amoxil/Ampicillin  Cephalosporins  Erythromycin  Penicillin  Sulfa drugs  Others: \_\_\_\_\_

## HEALTH CONDITIONS

None  Asthma  Epilepsy  High blood pressure  Osteoporosis  Others: \_\_\_\_\_  
 Acid Reflux  Depression  Glaucoma  High cholesterol  Prostate issues  
 Arthritis  Diabetes  Heart problem  Migraine  Thyroid – low/high

**Over-the-counter/herbal medications taken regularly:** \_\_\_\_\_

## ADDITIONAL PROCESSING INFORMATION

**Enroll prescriptions in EZAutoFill**, a service that automatically ships your medications when they are eligible for refills. There is no cost for this service beyond your medication copay(s). This service is not available to Medicare patients.

**Keep on file.** If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notes to pharmacy:** \_\_\_\_\_

**Generic substitution.** FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless you or your physician indicate otherwise. Brand-name medications may be subject to a higher cost.

## PAYMENT & SHIPPING Do not send cash.

Standard processing time for orders is 2–3 business days from the date the completed order is received at the pharmacy. Please allow additional time for delivery when placing your order. Serve You Rx Home Delivery Pharmacy will contact you if there will be a delay in processing your order. Once shipped, medications may not be returned for a refund or adjustment.

**Ship overnight** (Please add \$35 to order amount)  
 **Check** (Payable to: Serve You Rx Home Delivery Pharmacy) Total Amount Enclosed: \$ \_\_\_\_\_  
 **Charge my credit card on file**  
 **Charge to a NEW credit card:**  Mastercard  VISA  American Express  Discover  
Name as it appears on credit card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ Billing ZIP: \_\_\_\_\_  
Credit Card #: \_\_\_\_\_ Expiration Date (month/year): \_\_\_\_\_ CVV: \_\_\_\_\_  
Cardholder Signature: \_\_\_\_\_ Today's Date (month/day/year): \_\_\_\_\_  
 I authorize Serve You Rx Home Delivery Pharmacy to maintain this NEW credit card on file to use as payment for future charges.

Signature: \_\_\_\_\_ Today's Date (month/day/year): \_\_\_\_\_