

# Important Information

The submission of the form, for you or any of your dependents, authorizes the release of all information to the Plan Sponsor, Administrator, or Underwriter, and authorizes the prescription to be filled with the generic equivalent when available and permissible by law, in accordance with your benefit plan requirements.

If you have questions concerning your prescription, a pharmacist is available during normal business hours to answer your questions. Please call the County-City Employee Pharmacy East at 719-520-7630.

## Mail your order to the following location:

### County-City Employee Pharmacy East

5850 Championship View, Ste. D

Colorado Springs, CO 80922

# Mail Order Request Form

## Welcome to the County-City

### Employee Pharmacy Program

- All Mail Order prescriptions must be filled through the County-City Employee Pharmacy Program.
- For **NEW** prescriptions or first time orders, complete the Patient Information and Payment Method sections. Write the member identification number on the back of all original prescriptions and mail to the Pharmacy.
- To **REFILL** prescriptions, call 800-573-6214 or complete the Patient Information, Payment Method, and Order Refill sections and mail to the pharmacy address listed below:

### County-City Employee Pharmacy Program

### County-City Employee Pharmacy East

5850 Championship View, Ste. D

Colorado Springs, CO 80922

- **Please note:** If your prescription refill label says "NO REFILL AUTHORIZED," please contact your physician and request a new written prescription.

## For Prescription Refills,

Call Us Toll Free At

**1-800-573-6214**





# Mail Order Request Form

This form is used to order refills or new prescriptions. Please mail this form 14 days in advance before your medication runs out and enclose the appropriate co-payment amount.

## Patient Information

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Billing Address: \_\_\_\_\_ Sex:  M  F  
 City, State, Zip: \_\_\_\_\_  
 Check here for: Inter-office Delivery  or Home Delivery   
 Delivery Address\*: \_\_\_\_\_

\*For inter-office delivery, specify delivery location and City Mail Code or County Department Code

Phone # Day: \_\_\_\_\_ Evening: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Cardholder ID #: \_\_\_\_\_ Rx Group #: \_\_\_\_\_

Check here if this is a change of address. Will this be a temporary address change?  YES  NO

Please no child-proof caps. *(By requesting easy open caps, I acknowledge and agree to release Maxor Pharmacies from any and all obligations to provide child resistant packaging under the Poison Prevention Act.)*

## Physician Information and Medical History

Physician's Name: \_\_\_\_\_  
 Physician's Phone #: \_\_\_\_\_  
 Current Medications (including over-the-counter): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Drug Allergies:

- None
- Sulfa
- Penicillin
- Codeine
- Aspirin
- Other \_\_\_\_\_

### Medical Conditions / Diseases:

- Thyroid
- Diabetes
- Heart Condition
- Lung Condition
- High Blood Pressure
- Glaucoma
- Intestinal Disorders
- Other \_\_\_\_\_

## For Internal Use Only:

NP CC CK# Amt

## Payment Method:

- check/money order
- VISA  MasterCard  Discover
- American Express

Credit Card# \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*CID \_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

\*Required Information. CID: Card Identification Data follows the card account on the signature panel.

Check to decline keeping credit card information on file at the pharmacy

## ENCLOSE CORRECT CO-PAY PER PRESCRIPTION

Please refer to your plan benefit information booklet or your insurance card for co-payment amounts. You may call 800-687-0707 for assistance with calculating your co-payment.

## Order Refill Prescriptions Here:

Rx #	Name of Medication	Strength	Physician's Name	Co-payment

## How to Order Refills

**By Mail:** Complete the Patient Information, Payment Method, and Order Refill sections and mail (either inter-office mail or U.S. mail) to the County-City Employee Pharmacy East at 5850 Championship View, Suite D, Colorado Springs, CO 80922.

**By Phone:** Call toll free 1-800-573-6214 and use our automated system to order prescriptions by entering the prescription number printed on your prescription label.