



# ORDER FORM

Please Print Clearly

Arrow Pharmacy, 461 Cooke Street, Farmington, CT 06032  
 Toll-Free Phone 888-787-2800 Toll-Free Fax 877-471-6008

(Important! See reverse side for complete instructions and policies - order processing will be affected if this form is not filled out completely)

## I. PATIENT INFORMATION

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_ M. Initial \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Safety Caps:  Yes  No  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Shipping Address (if different):  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 e-mail Address \_\_\_\_\_

## II. HEALTH INFORMATION

• Allergies  Yes  No If yes, please list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 • Medical Conditions  Yes  No If yes, please list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## III. INSURANCE INFORMATION

Cardholder Name \_\_\_\_\_  
 Employer Name \_\_\_\_\_  
 Cardholder ID # \_\_\_\_\_  
 Group # \_\_\_\_\_  
 Insurance Name \_\_\_\_\_  
 Insurance Phone \_\_\_\_\_  
 Relationship:  self  spouse  child  student  other

## IV. PAYMENT OPTION/SHIPPING INFORMATION

Credit Card:  American Express  MasterCard  
 Discover  Visa  
 Name listed on card: \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_  
(Signature authorizes Familymeds to charge my credit card)  
 Check # \_\_\_\_\_ amount included: \$ \_\_\_\_\_  
 Money Order # \_\_\_\_\_ amount included: \$ \_\_\_\_\_

## V. BRAND / GENERIC CHOICE

This Connecticut Pharmacy may be able to substitute a less expensive drug product which is therapeutically equivalent to the one prescribed by your doctor unless you do not approve.  
 Check here, if you do not wish a less expensive product or generic drug

## VI. PRESCRIPTION INFORMATION

**IMPORTANT: please read instructions on reverse side before completing this section as it may affect the processing time of your order!**

- I am enclosing original prescriptions written by my physician for the medications listed below (Complete A)  
 Please have a pharmacist contact my physician (Complete A, B & C) (Please allow additional processing time for Familymeds to contact your physician.)  
 I choose to REFILL\* the medications that I have received from Familymeds previously using this form (Complete D)\*  
 \* Save time! See Refill Options on the reverse side!

A. Medication Name, Strength, Quantity	B. Doctor's Name	C. Doctor's Phone #	D. REFILLS (Familymeds refill #)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

## 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 to Familymeds Mail Service Prescription Program.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Signature of parent, guardian or cardholder (if patient is a minor))

Internal use only		
<input type="checkbox"/> patient info	<input type="checkbox"/> insurance info	<input type="checkbox"/> rx info
<input type="checkbox"/> name	<input type="checkbox"/> type	<input type="checkbox"/> hard copies
<input type="checkbox"/> dob	<input type="checkbox"/> id#	<input type="checkbox"/> md name
<input type="checkbox"/> address	<input type="checkbox"/> group	<input type="checkbox"/> md phone #
	<input type="checkbox"/> relationship	

# WELCOME TO FAMILYMEDS

## PROCEDURES FOR ORDERING YOUR MAINTENANCE MEDICATIONS

### Policies and Instructions

Questions? Please call toll free (888) 787-2800

SAVE TIME! ORDER ON-LINE AT [www.familymeds.com](http://www.familymeds.com)

Register Now! Use this order form to prepare the information you will need to order online.

#### GENERAL

- Use (1) form per individual patient receiving a prescription. Call (888) 787-2800 for additional order forms.
- Please check the *amount of medication supply that you have on hand now so that you do not run out*. The best rule of thumb to order is 14 days before you run out. *Familymeds processes* all orders for which we have complete information and for which we have the hard copy prescription (written by your physician) within 48 hours. The time to process your order will be affected if:
  - you do not provide complete information
  - we have difficulty contacting you for missing information: or you ask us to call your physician for your prescription.

#### •Your Benefit Plan/Co-payments

Please be advised that *Familymeds* must adhere to the benefit plan as designated by your benefit administrator, insurance provider, or employer.

*Familymeds* Customer Support Representatives will **not** be able to quote your co-payments, or inform you as to what is covered. Our representatives also cannot manage your benefits, including any special deductibles, or maximum benefit coverage(s).

- **Returns:** *Familymeds is governed by Federal regulations that do not allow us to accept returns of medications that were correctly filled and shipped as a result of an order placed.*

#### I. PATIENT INFORMATION

*New Members* placing your order with *Familymeds*:

*Familymeds* must build a patient file for each individual who receives a prescription, and can not begin processing your medication request until provided with the information we need on the reverse side of this form. (Note: even if you have been using another pharmacy or mail service vendor to receive your medications, you **are still new to Familymeds**. *Familymeds* has NOT received your medication or personal information from your previous mail order provider). Once you provide *Familymeds* with this information, you only need to update us if there are changes.

#### II. HEALTH INFORMATION

The individual who is receiving the medication (the patient) must complete this information **when placing the first order**. Once the patient (person receiving order) has filled out this information, this section only needs to be updated. If there are no other changes, simply indicate "no changes".

#### III. INSURANCE INFORMATION - CARDHOLDER

This section requires the name of individual who carries your health and prescription insurance. It also requires providing us with as much information about your insurer as possible. Please use your insurance card to complete this section. If the fields do not exactly match with your card, please write down any and all the information from your card. If you are unsure about your insurance information, please contact your employer, benefit administrator, or insurance company. Once you have provided us with this information, you need only update us if there are changes.

#### IV. PAYMENT

It is *Familymeds'* policy that we receive payment for your medication BEFORE we can begin processing your order.

Most insurance benefit plans include prescription drug co-payments, special coverages, or unique limitations. If you do not know what your copayment will be for the medication that you are ordering, please contact your benefit administrator, employer, or insurance company. *Familymeds* will NOT be able to provide you with your co-payment information. Please do **NOT** send cash. If choosing to pay by check or money order, please determine your copayment and then send your check with this order payable to: *Familymeds*. The most efficient way to provide payment is via credit card. You will be advised of the total copayment amount when you receive your medication order.

#### V. BRAND/GENERIC Substitution

*Familymeds* will substitute a less expensive drug product, which is therapeutically equivalent, unless your doctor indicates in writing to "dispense as written", or you check the appropriate box on the front of this form.

#### VI. PRESCRIPTION INFORMATION

*Familymeds* needs a legal prescription from your physician in order to process your prescription order. Ask your physician to write a 90 day supply prescription and include it with this order form for each medication you order. *Familymeds* does offer its members the option of requesting that a *Familymeds* pharmacist contact your physician to secure the prescription on your behalf. If you choose this option please be aware that a pharmacist needs to contact your doctor, and that your order may be delayed as *Familymeds* must rely on your physician's office to comply with this request.

You can assist in this procedure by contacting your doctor's office to ask them to call *Familymeds MD* phone line at (888) 787-2800, or they may fax your prescription to: (877) 471-6008

Please be aware that *Familymeds* must fill your prescription exactly as written by your doctor.

#### Refills

If you have a medication that was filled by *Familymeds* and you have available refills (confirm by checking the label on your medication):

- You may simply call us at (888) 787-2800.

#### VII. SPECIAL REQUESTS

*Familymeds* is not able to honor any requests to have a particular medications held, or to have a particular medication(s) filled on a particular date. *Familymeds* will not be able to honor requests to cancel or return prescription orders once the physician's prescription is received and the processing of the order has been initiated.

**REMEMBER:** If you have NOT provided *Familymeds* with complete information and / or you have NOT provided the original hard copy prescription(s) from your physician, your order processing time will be delayed.