

Christiana Care Mail Order Pharmacy Order Form

Christiana Care Mail Order Pharmacy

200 Hygeia Drive, Newark, DE 19713

Customer Services & Interactive Voice Response: (302) 320-6760 Fax Number: (302) 623-0399

PLEASE COMPLETE ONE FORM FOR EACH PATIENT

Patient Name (Last, First, M) _____ Date of Birth _____

Sex Assigned at Birth (Male / Female) _____

Mailing Address (Street, City, State, Zip) _____

Note: PO Boxes and controlled substances require a Signature at the time of delivery.

****PLEASE ALLOW 5 TO 7 BUSINESS DAYS FOR PRESCRIPTION(S) TO ARRIVE IN THE MAIL****

9 digits Optum Rx prescription card ID number.....

□	□	□	□	□	□	□	□	□	□
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Relation to Member (Self, Spouse, Dependent, etc.) _____

Primary Cardholder _____
 (Parent info for minors) Name Contact Phone Number

E-mail Address: _____

List any drug allergies: _____

	<u>Filling a New Prescription or Refill</u> Enter Medication Name	Enter Rx# for refill	<u>Circle One</u> Process = Fill prescription now Profile = Put prescription on hold to fill at a later date
1			Process profile
2			Process profile
3			Process profile
	<u>Transferring Prescriptions</u> Enter Rx# & Medication Name	Enter Pharmacy Name & Phone Number	<u>Circle One</u> Process = Fill prescription now Profile = Put prescription on hold to fill at a later date
1			Process profile
2			Process profile
3			Process profile

- Maintenance medications may be filled twice at a retail pharmacy; the third fill will reject for use of mail order.
- Automatic Refill options are available, contact the Mail Order Pharmacy for details.
- Contact the Mail Order Pharmacy directly with any changes to your address, contact, or payment info. (Updating info in workday will not update your Mail Order profile)

Payment Information

Payment must be made in advance of medication shipments. Please complete the below fields. Incomplete or expired information may cause delays with your shipment. You may update or change the card on file at any time by contacting a member of the Employee Mail Order Pharmacy at (302) 320-6760, Option 0.

Print Cardholder's Name (as it appears on card)

Cardholder's Signature

Type of card:

- Visa
 MasterCard
 Discover
 AMEX
 Flex Spending

Credit Card Number

Expiration Date
(2 digit month & 2 digit year)

Security Code
(3 digit code on back of card for VISA,
Mastercard, Discover or 4 Digit code for AMEX)

Billing Zip Code