



Mail-Order Pharmacy

Send a new prescription

It's easy. Just complete this form, attach the original prescription(s), and mail it to us at the address shown below.

Patient name:	Daytime phone number:
8-digit ID from member card: <input type="text"/>	Is it OK to leave a detailed message? YES <input type="checkbox"/> NO <input type="checkbox"/>
Current pharmacy name:	Current pharmacy phone number:
Personal (primary care) doctor's name:	Doctor's phone number:
Prescriber (if other than personal doctor):	Prescriber's phone number:

Order now – Check this box and give us the information requested below. Your order should arrive within seven business days. You will be billed separately. *In order to protect your security, please do not send bank card information with your order.*

Shipping information:

Name:		
Address:	Apt:	
City:	State:	ZIP code:

Order later – Check this box and we'll set up our system so you can order online through MyGroupHealth at www.ghc.org.* Or use our automated telephone system at 1-800-245-7979.

*ID verification required to use MyGroupHealth enhanced services.

Additional instructions for the pharmacy:

Please mail this form and ORIGINAL prescription to:

Group Health Mail Order Pharmacy
P.O. Box 34383
Seattle, WA 98124-1383