



Mail-Order Pharmacy

Order refills

It's easy. Just complete this form and fax or mail to us.

Patient name:	Daytime phone number:
8-digit ID from patient's member card:	

Personal (primary care) doctor's name:	Doctor's phone number:	
Prescriber (if other than personal doctor):	Prescriber's phone number:	
Prescription number:	Medication name:	Quantity:

Give us the mailing and payment information requested below. Your order should be received within seven business days.

Mailing address:		Apt:
City:	ST:	ZIP code:
Payment information:		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		
All Mail Order pharmacy orders must be paid when the order is placed.		
Name as it appears on card:		
Card number:		
Expiration: (mm/yyyy)		

FAX:
 206-901-4443
 800-350-1683 (toll free)

Group Health Mail Order Pharmacy
 PO Box 34383
 Seattle, WA 98124-1383

Ordering refills is even easier if you order online through MyGroupHealth at www.ghc.org* or using our automated telephone system, toll-free, 1-800-245-7979. *ID verification required.