



# Mail-Order Pharmacy

Transfer your 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:	<input type="text"/>

Personal (primary care) doctor's name:	Doctor's phone number:	
Current pharmacy name:	Pharmacy phone number:	
Prescriber's name:	Prescriber's phone:	
Prescription number:	Medication name:	Quantity:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please let us know if you want us to fill your order now or if you want to order later by checking the appropriate box below.

<input type="checkbox"/> <b>Order now</b> —Check this box and 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:
<b>Payment information:</b>		
All Mail Order pharmacy orders must be paid when the order is placed.		
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Name as it appears on card:		
Card number:		
Expiration: (mm/yyyy)		

<input type="checkbox"/> <b>Order later</b> —Check this box and we'll set up our system so you can order online* or use the automated telephone ordering system. *ID verification required to use MyGroupHealth online
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**FAX:**  
 206-901-4443  
 800-350-1683 (toll free)

Group Health Mail Order Pharmacy  
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 Seattle, WA 98124-1383