



Mail-Order Pharmacy

Transfer your refills

It's easy. Just complete this form, and fax or mail it to us. We'll do the rest.

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:		
Prescription number:	Medication name:	Date Rx was written:	Date last filled:	Strength:	Quantity:
Prescriber (if other than personal doctor):			Prescriber's phone number:		
Prescription number:	Medication name:	Date Rx was written:	Date last filled:	Strength:	Quantity:

Order later – check this box and we'll send you a confirmation and your new Group Health prescription numbers by mail. You then 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.

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. *To protect your security, please do not send bank card information with your order.*

Shipping information:

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ ZIP code: _____

FAX:
 206-901-4443
 1-800-350-1683

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