



- For **new** prescriptions, complete this form and mail in with written prescription(s) from your doctor.
- To **transfer** existing prescription(s), call Customer Service or complete form below and provide from your Rx bottle:  
Pharmacy transferred from: \_\_\_\_\_  
Phone number of Pharmacy transferred from: \_\_\_\_\_
- To refill existing HealthPartners Mail Order prescriptions, complete this form or call our automated refill line at 1-888-356-6656.
- For assistance call Customer Service to assist, Monday-Friday 8:00 a.m. -6:00 p.m., Saturday 8:00 a.m.-4:00 p.m., at 1-888-356-6656.

Patient Name	Member #	Birth Date	Drug	Existing Rx Number	Doctor & Phone #	Allergies

### Please allow 10 days from the time we receive your order for processing.

Prescriptions will be delivered by the U.S. Postal Service. There is no shipping fee when using the mail order service. Orders cannot be shipped outside the United States.

### Order Form (Please print)

Requester's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime phone (\_\_\_\_\_) \_\_\_\_\_  
 Evening phone (\_\_\_\_\_) \_\_\_\_\_

Check if shipping address is different from above.

Shipping address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone at shipping address (\_\_\_\_\_) \_\_\_\_\_

### Payment

Payment is required before shipping.

#### Credit Card – Preferred Payment Method

- I authorize the HealthPartners Mail Order Pharmacy to use my credit card for this order.
- American Express®       Visa®  
 MasterCard®       Discover®

Card # \_\_\_\_\_

Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

#### Check

To determine an estimated amount when paying by check, call 952-833-0497 or 1-888-356-6656. Charges may vary according to your coverage. Make check payable to: **HealthPartners Pharmacy.**

#### Mail this form and your payment to:

HealthPartners Central Pharmacy  
 PO Box 44804  
 Eden Prairie, MN 55344-2504

**Please note:** As required by Minnesota State Law and in order to save you money, this pharmacy will substitute whenever possible an FDA-approved, less expensive, generic drug product, which is therapeutically equivalent to and safely interchangeable with the one prescribed by your doctor unless you object to this substitution.

If you prefer a brand-name drug, you may be asked to pay a higher brand-name copay or the cost difference between the brand-name drug and the generic drug in addition to your copay.

Initial if you DO NOT want a generic equivalent drug. \_\_\_\_\_