



INTEGRATED HMO PHARMACY

Mail Order Switch Form

In order to make it easy for you to switch your mail order prescriptions from your existing pharmacy to Integrated HMO Pharmacy, please complete this form for all mail order prescriptions and we will contact your doctor for you and get the prescription(s) transferred.

Employer Name: _____ Group Number: _____

Employee Name: _____ Employee SSN: _____ - _____ - _____

Employee Address: _____

Patient's Name: _____ Patient's Date of Birth: ____/____/____

Are you allergic to any medications? **Y or N** Phone Number: (____) _____ - _____

If Yes please list medications: _____

When do you want these prescriptions filled? _____

Please note that payment is due at the time of order. Please complete this section to maintain credit card information with Integrated HMO Pharmacy for your prescriptions.

Credit Card Information: MasterCard Visa Discover

Credit Card # _____ CVV# _____ (3-digit number on back of credit card after acct #)

Expiration Date: Month ____ Year ____ Name as it appears on card: _____

I understand that all co-payments and/or prescription costs for products purchased through Integrated HMO Pharmacy will be charged to the credit card provided above.

Cardholder Signature _____ Date _____

Pharmacy Name: _____	Pharmacy Phone #: _____
Physician's Name: _____	Physician Phone #: _____
Drug Name: _____	Prescription #: _____
Pharmacy Name: _____	Pharmacy Phone #: _____
Physician's Name: _____	Physician Phone #: _____
Drug Name: _____	Prescription #: _____
Pharmacy Name: _____	Pharmacy Phone #: _____
Physician's Name: _____	Physician Phone #: _____
Drug Name: _____	Prescription #: _____
Pharmacy Name: _____	Pharmacy Phone #: _____
Physician's Name: _____	Physician Phone #: _____
Drug Name: _____	Prescription #: _____

We have enclosed an envelope for your convenience or mail this completed form to:
Integrated Pharmacy Services, P.O. Box 369, Boys Town, NE 68010-0369

Please remember to order to order your medication in advance to allow for processing and mailing.