

# CARILION CLINIC PHARMACY MAIL-ORDER SIGN UP

**Patient Profile** – You'll need to complete a separate form for each person who uses our pharmacy services.

Primary member ID number found on insurance card:

Patient last name:  First name:  Middle initial:

Relationship status to card holder:  Self  Spouse  Dependent

Date of birth (mm/dd/yyyy):  Gender:  Male  Female

Home phone:  Cell phone:  Work phone:

Email:

Delivery address:  Apt #:

City:  State:  Zip:

**Health History** – The information you provide will allow for a complete review of your current medication request.

Medication allergies. Check all that apply and state the reaction type and what happened.

None

Aspirin:

Cephalosporins (e.g. Cephalexin):

Codeine:

NSAIDS (e.g. Ibuprofen, Naproxen, Celecoxib):

Penicillin (e.g. Amoxicillin, Ampicillin):

Quinolones (e.g. Ciprofloxacin, Levofloxacin):

Sulfa medications:

Other:

Health conditions. Check all that apply.

None  Arthritis  Depression  Diabetes  Epilepsy  Glaucoma  Heart condition

High blood pressure  High cholesterol  Osteoporosis  Ulcers

Other (please specify):

List any medications taken regularly, including over-the-counter drugs, or any additional comments:

**Prescription Information** – We can call your previous pharmacy to have your prescriptions transferred!

Rx#:	<input type="text"/>	Medication name:	<input type="text"/>
Rx#:	<input type="text"/>	Medication name:	<input type="text"/>
Rx#:	<input type="text"/>	Medication name:	<input type="text"/>

Would you like us to transfer these prescriptions to our mail-order pharmacy?  Yes  No

What pharmacy did you last use to fill the refills listed above?

What is the phone number for the pharmacy where the prescriptions were last filled?

How would you like us to fill your prescriptions (please select one of the following)?

- Fill and send all new prescriptions.
- Add prescriptions to my profile, but do not send until I request them.

**Payment Information** – Please allow 12 days from the date you mail your form to the delivery of your medication.

Please select your method of payment:

Carilion payroll deduction. Badge ID number, if using payroll deduction:

Charge my credit/debit card:  FSA  Discover  MasterCard  Visa

Card number:  Expirations date:  Security code:

Name as it appears on the card:

Signature:  Date:

Ship overnight. Add \$20 to order amount (price subject to change).

**Submit Forms and Prescription(s)**

Forms can be submitted using the following:	Prescriptions can be submitted via the following:
<p><b>MAIL or IN-PERSON</b> Carilion Clinic Pharmacy – Crystal Spring Attn: Mail &amp; Specialty Pharmacy Services 2001 Crystal Spring Ave. Suite 101 Roanoke, VA 24014</p> <p><b>INTEROFFICE</b> Carilion Clinic Pharmacy – Crystal Spring Attn: Mail &amp; Specialty Pharmacy Services</p> <p><b>FAX</b> 540-853-0910</p> <p><b>EMAIL</b> <a href="mailto:pharmacy@carilionclinic.org">pharmacy@carilionclinic.org</a> (for security reasons, this method is only recommended for those using a CarilionClinic.org email address, not outside emails)</p>	<p><b>MAIL or IN-PERSON</b> Carilion Clinic Pharmacy – Crystal Spring Attn: Mail &amp; Specialty Pharmacy Services 2001 Crystal Spring Ave. Suite 101 Roanoke, VA 24014</p> <p><b>INTEROFFICE</b> Carilion Clinic Pharmacy – Crystal Spring Attn: Mail &amp; Specialty Pharmacy Services</p> <p><b>FAX</b> Your physician can fax your 90-day prescription to: 540-853-0910</p> <p><b>E-SCRIPT</b> Your physician can e-scribe your 90-day prescription to: Carilion Clinic Pharmacy – Crystal Spring</p>

*No-cost mail-order service is only available to Carilion Clinic employees and their family members enrolled in Carilion's health plan.*

## FREQUENTLY ASKED QUESTIONS

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### **Can anyone use Carilion Clinic Pharmacy's mail-order service?**

No. Currently, mail-order service for 90-day medications is limited to Carilion Clinic employees and their family members enrolled in Carilion's health plan.

### **How do I use Carilion Clinic Pharmacy's mail-order service?**

For new prescriptions, please follow these simple steps:

Step 1: Complete the form on page 1 and 2 of this document. You'll need to complete a separate form for each person who uses our mail-order pharmacy services.

Step 2: Submit the completed form and prescription(s) using the instructions at the bottom of page 2. Do not tape or staple prescription(s) to this form. For existing prescriptions, we'll call your previous pharmacy to have your prescription(s) transferred.

### **How do I get additional refills through Carilion Clinic Pharmacy's mail-order service?**

Once you've received your first 90-day supply, you will be able to complete the re-order form for subsequent refills. Please visit [CarilionClinic.org/pharmacy/mail-order](http://CarilionClinic.org/pharmacy/mail-order) for the re-order form.

### **How is confidentiality ensured?**

Your privacy is a top priority. Carilion Clinic Pharmacy believes the confidentiality and protection of customer and employee information is one of our fundamental responsibilities.

### **Is there a charge for postage?**

For regular mail delivery, there is no charge for postage. For overnight shipping there is a \$20 fee added to the total cost of the order.

### **Who can I speak to if I have questions?**

Please don't hesitate to contact Carilion Clinic Pharmacy – Crystal Spring at 540-853-0905 or 855-479-6245, Monday through Friday, 8:30 a.m. to 6:00 p.m. and Saturday 9:00 a.m. to 12:30 p.m. and one of our mail-order pharmacy technicians will be happy to assist you.