

Using HealthPartners Mail Order Pharmacy is quick and easy! To refill a prescription or transfer your new or existing prescriptions:

- Visit us online and follow step-by-step instructions at **healthpartners.com/mailorder**.
- Call us at 952-833-0497 or 1-888-356-6656 and we'll help you with the rest. If you already have a prescription with HealthPartners Mail Order, you can call the automated refill line at 1-800-591-0011.
- Complete the form below and mail it to the address in the bottom right-hand corner.

You will need to provide a credit card at the time of your order to cover your copay or coinsurance. If you have any questions along the way, please call Mail Order Customer Service at 952-833-0497 or 1-888-356-6656, Monday through Friday from 7 a.m. to 6 p.m. or Saturday from 8 a.m. to 4 p.m. CST.

Patient Name \_\_\_\_\_ Member ID # \_\_\_\_\_ Birth Date \_\_\_\_\_

Allergies \_\_\_\_\_

Other \_\_\_\_\_

*Please include any over-the-counter medications, vitamins, herbal supplements and/or health/disease states.*

Medication Name	Prescription Number	Doctor Name	Doctor Phone Number

### Shipping

Prescription reorders with authorized refills are sent within three business days.

Prescriptions will be delivered by the U.S. Postal Service. There is no shipping fee with Mail Order Pharmacy.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Check if shipping address is different from above

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Note:** Orders cannot be shipped outside the United States

### 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.

#### Check credit card type:

MasterCard®  Visa®

American Express®  Discover®

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

Signature \_\_\_\_\_

#### Check

To determine your total when paying by check, please call 952-833-0497 or 1-888-356-6656. Charges 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, whenever possible this pharmacy will substitute 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 \_\_\_\_\_