

Introducing HealthPartners Mail Order *Refill Reminder Service*

Have you ever...

- Forgotten to place a refill order?
- Taken your last pill and realized there are no refills?
- Run out of medication?

We'd like to offer you a convenient solution.

If you're currently on a maintenance medication, our automated, outbound call service will let you know when it's time to reorder.

To participate, complete and return the Mail Order Refill Reminder Enrollment Form on the bottom half of this letter and we'll get you started.

If you have any questions about this service, simply give us a call at 1-888-356-6656 or visit us online at healthpartners.com/mailorder.



HealthPartners Mail Order Refill Reminder Enrollment Form

HealthPartners Member ID # _____

Patient Name: _____

Patient Address: _____

Phone Number: _____

Rx#	Medication Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Telephone number you'd like us to call with your reminder (if different from above): _____

In order to enroll your eligible prescription(s) in the Refill Reminder Service, please sign below.
By signing, you certify that you are 21 years of age or older.

Patient Signature _____ Date _____

Pharmacy Representative (for office use only) _____

Return to:  **HealthPartners®**

Mail Order Pharmacy

P.O. Box 44804

Eden Prairie, MN 55344