MAIL ORDER PRESCRIPTION ENROLLMENT/CHANGE FORM

Please request mail order prescriptions 10 to 14 days before you need the medication.

Please be aware that mail is not delivered on post office holidays. All controlled substances are mailed certified mail and will require signature upon receipt. Do not phone in or fax your order until you are ready for it to be mailed.

EMPLOYEE INFORMATION			
Name	Date of Birth	Employee ID#	Company Name
Drug Allergies			
Mailing Address			
City	State		Zip
Work Phone ( )	Home Phone ( )		Cell Phone ( )
List family members on Huntsville Hospital Health Plan that will receive mail order. Please include a direct phone number to any adults listed.	Name: DOB: Allergies: Phone number:		
	Name: DOB: Allergies: Phone number:		
	Name: DOB: Allergies: Phone number:		

EMAIL ADDRESS *REQUIRED **(FOR ORDER STATUS AND TRACKING INFORMATION)**

PAYMENT METHOD *REQUIRED (PAYMENT INFORMATION WILL REMAIN ON FILE)	
❑ Credit Card	Circle One: Visa Mastercard American Express Discover
Cardholder name	Card number
Expiration Date (MM/YYYY)	

I hereby authorize Huntsville Hospital Mail Order Pharmacy to bill my credit/debit card for this and all future orders. I understand that my credit/debit card will be billed at the time my order is filled.

Cardholder Signature: **Date:**

AUTHORIZATION

By signing below, I certify that the information on this form is correct, and I authorize the release of information regarding my medical and prescription drug history to Huntsville Hospital Mail Order Pharmacy.

Employee Signature: **Date:**

Email, Mail, or Fax completed form to:

Huntsville Hospital Mail Order Pharmacy- 1963 Memorial Parkway SW, Ste 15, Huntsville, AL 35801

Phone (256)265-3900 * Fax (256)265-3899 * mail.order.pharmacy@hhsys.org

We regretfully cannot accept faxed or photocopied prescriptions from patients. To avoid delays, please give our phone and fax number to your doctor's office. If mailing a prescription, please submit completed form with the original prescription in an envelope to the address above.