



Mail-Order Pharmacy

Transfer your refills

It's easy. Just complete this form, and fax or mail it to us.

Patient name:		Daytime phone number:									
8-digit Web/Mail Rx ID from your member card:		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>									
Group number from your member card:											
Current pharmacy name:		Current pharmacy phone number:									
Personal (primary care) doctor's name:		Doctor's phone number:									
Prescription number:	Medication name:	Quantity:									
Prescriber (if other than personal doctor):		Prescriber's phone number:									
Prescription number:	Medication name:	Quantity:									

Order later – Check this box and we'll send you a confirmation and your new Group Health prescription numbers by mail. You will then be able to use our automated telephone ordering system.

Order now – Check this box and give us the payment information requested below. Your order should arrive within five business days.

Address:		Apt:	
City:	ST:	ZIP code:	
Payment information: <input type="checkbox"/> Check enclosed. Make checks to GHC.			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	
Name as it appears on card:			
Card number:			
Expiration:	Month:	Year:	

FAX:
 206-901-4443
 800-350-1683 (toll-free)

MAIL:
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 Seattle, WA 98124-1383