



**MAIL ORDER FORM**

**PATIENT INFORMATION**

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Cardholder ID: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

BIN \_\_\_\_\_ PCN \_\_\_\_\_ Group \_\_\_\_\_

Relationship to Cardholder: Self \_\_\_ Spouse \_\_\_ Child \_\_\_

**ALLERGIES:**

**GENERIC MEDICATION INFORMATION**

In accordance with Nevada Pharmacy Law and availability, Renown Pharmacy will always dispense a generic medication with a lower co-payment unless you specify otherwise.

**PAYMENT METHOD**

**Paying By Credit Card?**

Visa

MasterCard

Discover

American Express

Credit Card Number:

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Expiration Date:

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 MM/YYYY CVC\_ \_ \_

Check here to decline keeping credit card information on file at the pharmacy.

Credit card already on file.

X \_\_\_\_\_  
Signature of Cardholder

**LIST OF MEDICATIONS:**

RX NUMBER	MEDICATION	PHARMACY	PHONE #	DOCTOR'S NAME	PHONE #	GENERIC OK?

**HOW TO ORDER****TO ORDER NEW PRESCRIPTIONS**

- **BY MAIL:** Complete the payment and patient information sections, enclose your new prescriptions and mail to:

**Renown Pharmacy, 21 Locust Street, Reno, NV 89502**

- **BY PHONE:** Have your doctor call in new prescriptions to (775) 982-5281.
- **BY FAX OR ELECTRONIC PRESCRIBING:** Your doctor can e-prescribe new prescriptions or fax it to (775)982-5250.

Remind the prescriber’s office to state whether your prescription is to be mailed.

**TO ORDER REFILLS FROM THE RENOWN PHARMACY:**

- **BY PHONE:** Call us at (775) 982-5280 and use our automated system to enter your prescription number printed on your prescription label, or speak to a pharmacy employee from 8:00am to 5:30pm, Monday through Friday.
- **BY INTERNET:** Log into your **MY CHART** account and order prescriptions in the Medication section. Please remember to state that you want the medications mailed to your home address.

**WHEN TO EXPECT DELIVERY**

- You can expect to receive your medication 2 business days after we receive your order if no extra contact with your provider is needed. If outreach is required on a prescription, delivery could be delayed for up to 5 business days.
- UPS will not ship to PO Boxes or deliver on weekends.
- Please note that signature will be required when delivering refrigerated medication.

**IMPORTANT INFORMATION**

The submission of this form, for you or any of your dependents, authorizes the release of all information to the Plan Sponsor, Administrator, or Underwriter, and authorizes the prescription to be filled with the generic equivalent when available and permissible by law, in accordance with your benefit plan requirements. If you request a brand name drug when your doctor permits substitution, you may be responsible for paying the difference in cost between the brand name and the generic equivalent plus a co-payment. Refer to your plan benefit information for more details or contact an advocate of your plan sponsor.

**REMINDER:** You will always be charged the lowest co-pays when using a Renown Pharmacy. To maximize your savings, ask your doctor for a 90 day supply with refills for up to one year.