

# LifeBridge Health Outpatient Pharmacy

## Mail-order pharmacy service

### How it works

1. Order up to a 3-month supply of your maintenance medications or medications you take regularly.
2. We will fill your order and send it to the street address you provide. We do not deliver to P.O. Boxes or lockboxes.
3. Your medication will arrive within five days.

### Two simple steps to use mail-order service:

1. Enroll by sending forms via mail or fax.
2. **ePrescribe:** Ask your doctor to send an electronic prescription to LifeBridge Health Outpatient Pharmacy at Sinai.



MEMBER INFORMATION			
Cardholder ID number:		Group:	PCN:
First name:		Last name:	MI:
Delivery address: <i>(NOTE: WE DO NOT DELIVER TO P.O. BOXES OR LOCKBOXES.)</i>			Apt #:
City:		State:	Zip:
Phone number:	Email address:	Date of Birth: ( ____ / ____ / ____ )	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Drug Allergies: <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa <input type="checkbox"/> Codeine/Iodine <input type="checkbox"/> Other:			
Easy-open caps: <input type="checkbox"/> Yes <input type="checkbox"/> No		Autorefill: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Credit card authorization

**By initialing this box**, I authorize LifeBridge Health Outpatient Pharmacy to charge my credit card on file to pay for each pharmacy prescription. I understand that, depending on my plan benefits, I may be responsible for the brand copayment, which may be higher, and any plan penalties that may apply. I understand that if I have any questions regarding my prescription or wish to be counseled on my medications that I can call the LifeBridge Health Outpatient Pharmacy to speak to a pharmacist. I agree that the information on this form is correct and authorize release of all information regarding my medical and prescription drug history and treatment to LifeBridge Health Outpatient Pharmacy. I understand that my prescription order(s) will be fulfilled and shipped upon receipt of my complete order form, the original prescription(s) and applicable payment.

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Continued on back*

## ADDITIONAL FAMILY MEMBERS

Use same delivery address as cardholder:  Yes  No If no, please list alternative address below:

First name:	Last name:	MI:
Delivery address: <i>(NOTE: WE DO NOT DELIVER TO P.O. BOXES OR LOCKBOXES.)</i>		Apt #:
City:	State:	Zip:
Phone number:	DOB: ( _____ / _____ / _____ )	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Relationship to the cardholder: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <i>(please check)</i>		
Drug Allergies: <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa <input type="checkbox"/> Codeine/Iodine <input type="checkbox"/> Other:		
Easy-open caps: <input type="checkbox"/> Yes <input type="checkbox"/> No	Autorefill: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Billing information *(You may also provide this information by calling the pharmacy.)*

<b>Payment method:</b> Please select a payment choice below and provide the requested information: <input type="checkbox"/> American Express <input type="checkbox"/> Flexible Spending Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover Card <i>Your credit card will be charged according to your prescription plan. All future orders will be charged to this credit card.</i>		
<input type="checkbox"/> Check here if same as shipping address. If billing address is different than the shipping address, please list billing address below:		
Name on credit card:		
Card number:	CVV:	Expiration date: _____ / _____
Address:		
City:	State:	Zip:

PHARM\_1169-3/20



Outpatient Pharmacy  
at Sinai Hospital

**CARE BRAVELY**

**Mail form to: Sinai Hospital of Baltimore**  
**Attn: LifeBridge Health Outpatient Pharmacy at Sinai (1st floor)**  
**2401 W. Belvedere Ave.**  
**Baltimore, MD 21215**

**Fax form to: 410-601-7131**

**Pharmacy Hours: Mon.-Fri.: 7 a.m.-9 p.m. • Sat.-Sun.: 9 a.m.-5 p.m.**