

Cone Health Home Delivery Medication Order Form



515 N. Elam Ave
Greensboro, NC 27403
336-218-5762

Member Information - Please use black or blue ink and CAPITAL LETTERS only					
Last Name		First Name		MI	Suffix
Employee ID			Relationship to Employee <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Notification <input type="checkbox"/> Text <input type="checkbox"/> Phone Call <input type="checkbox"/> Email			
Mobile Phone (Include area code)*		<input type="checkbox"/> Set as Preferred Phone		Home Phone (Include area code)*	
				<input type="checkbox"/> Set as Preferred Phone	
Shipping Address** Line 1			Billing Address (If different from Shipping Address) Line 1		
			<input type="checkbox"/> Check if same		
Shipping Address Line 2			Billing Address Line 2		
City		State	Zip Code	City	
Email Address (Email used for status updates if preferred as indicated above)					

Health Information				
Allergies	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Quinolones	<input type="checkbox"/> Peanuts
<input type="checkbox"/> None	<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> NSAIDs	<input type="checkbox"/> Sulfa	<input type="checkbox"/> Other_____
<input type="checkbox"/> Amoxil/Ampicillin	<input type="checkbox"/> Codeine	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Tetracyclines	_____

*When you provide these numbers, we have your permission to contact you at these numbers about your account. Your consent allows us to use text messaging, prerecorded voice messages and automated dialing technology for informational services calls, but not for telemarketing or sales calls. Message and data rates may apply. You may contact us any time to change these preferences.

**Shipping is restricted to NC and VA addresses

Prescription Information			
Prescription Number	Name of Medication	Cone Health Pharmacy Location*	Auto Fill Option**
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

*If your prescription is at a pharmacy outside of Cone Health, please call the Wesley Long Outpatient Pharmacy at 336-218-5762 to provide pharmacy name and phone number.

Check the "Yes" option if you are requesting this medication to be automatically refilled and mailed. **If at any time you want this service turned off, you must call the Wesley Long Outpatient Pharmacy at 336-218-5762. The pharmacy is unable to take back medication once it has left the pharmacy and therefore refunds on prescriptions will not be processed.

Payment Information - Do not send cash		
Cardholder Last Name	Cardholder First Name	
Charge my payment method on file (Returning Customers) Charge my NEW credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> HSA/(FSA) <input type="checkbox"/> Blue Mastercard (formerly known as Benny Card)		
Credit Card Number	Expiration Date	Security Code
Your order can take up to 3 business days for delivery from the date we process your order. Time to deliver will be extended if the prescription is expired, has no refills, requires a prior authorization, or if the pharmacy needs to order. I authorize Cone Health to charge my credit card for any copayment, coinsurance, deductible, or any other amount owed on my prescriptions, including any applicable delivery charges.		
X _____		Cardholder's Signature _____ Date _____
<input type="checkbox"/> Unless you check this box, we will keep this credit card on file to pay for any future orders or balances due. You can call Wesley Long Outpatient Pharmacy to update this information at any time.		

Authorizations	
<input type="checkbox"/> Check here to request Easy Open Caps. Federal law requires that your prescription shall be dispensed in a container with a child-resistant or safety cap unless you request otherwise. If you would like your prescription with an Easy Open Cap, please check the box.	
By returning this form to Wesley Long Outpatient Pharmacy, you verify that the information is correct, that the prescriptions enclosed are for eligible participants, and you consent to the release and use of the patient's health information to the patient's health plan(s) and health care providers/agents for health benefit management. Wesley Long Outpatient Pharmacy's use or disclosure of individually identifiable health information, whether furnished by you or obtained from other sources, such as medical providers, shall be in accordance with federal privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).	
X _____	Signature _____ Date _____

Fax or email this completed order form:
Wesley Long Outpatient Pharmacy, fax 336-218-5763 or email mailorderpharmacy@conehealth.com Ask your doctor to send your prescription electronically to Wesley Long Outpatient Pharmacy or fax it to us at 336-218-5763.