

Cone Health Home Delivery Medication Order Form



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

Email this Completed Form to: mailorderpharmacy@conehealth.com

FAQ

- All mail-order prescriptions will come from Wesley Long Outpatient Pharmacy
- Shipping is restricted to **North Carolina** and **Virginia** ONLY
- Mail Order services are available through MedImpact Direct for members that live outside of NC or VA. MedImpact Direct can be reached at 855-873-8739.
- 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 to transfer the medication
- You can either have **ALL** medications mailed or select medications mailed
 - If you select **ALL** medications, all current and future medications will be filled and mailed
 - If you select certain medications, only those medications will be mailed and new medications will not automatically be mailed
 - Medications will not automatically be filled/mailed unless you are signed up for auto-fill
 - You may contact the pharmacy at any time with questions or requests to change your prescriptions mailing status
- You may contact the pharmacy to set up medications you would like to be auto-filled
 - Controlled substances and as needed medications will not be auto-fillable
- You must contact the pharmacy with any changes to your medical information, delivery address, or credit card information

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 <input type="checkbox"/> Use this address for this order only			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	State	Zip Code
Email Address (Email used for status updates if preferred as indicated above)					

*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.

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	_____

Prescription Information**

Prescription Number	Name of Medication

If you would like your medications auto-filled and mailed (without having to contact the pharmacy monthly) please call 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 on auto-filled prescriptions.

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

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 _____
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