

# Immediate Pharmaceutical Services

## Confidential Patient Profile and Prescription Order Form

### Employee / Retiree Information

Group or Plan Number as on Rx Card (if any): \_\_\_\_\_

Employer: \_\_\_\_\_

Member I.D. Number: \_\_\_\_\_

Daytime Area Code and Phone Number

Evening Area Code and Phone Number

Name (Last)

(First)

(M.I.)

Street Address

State

Zip Code

### Confidential Registration of Health Information

**First Time Users -**

Use this form to register with Immediate Pharmaceutical Services (IPS) at the time you place your first order. **Please register all covered members**, even if each person does not have a prescription enclosed at this time.

Check all that apply

Please Print First Name Clearly

	Prescription Enclosed (Yes or No)	DATE OF BIRTH			SEX		ALLERGIES							HEALTH CONDITIONS								
		Month	Day	Year	Male	Female	None	Aspirin	Codeine	Erythromycin	Penicillin	Sulfa	Other-Specify	Asthma	Diabetes	Glaucoma	Heart Condition	High Blood Pressure	Seizure Disorder	Thyroid	Ulcers	Other-Specify
Employee Name																						
Spouse																						
Child																						
Child																						
Child																						

If additional space is needed, please list other allergies or health conditions: \_\_\_\_\_

### Payment Information

**I ELECT TO RECEIVE BRAND DRUGS AND I WILL BE RESPONSIBLE FOR ANY ADDITIONAL COST**

Enclosed	Number of Rx's		Co-Payment \$	=	\$ Enclosed		
Brand	<input type="checkbox"/>	X	\$ <input type="text"/>	=	\$ <input type="text"/>		
Generic	<input type="checkbox"/>	X	\$ <input type="text"/>	=	\$ <input type="text"/>		
Total	<input type="text"/>		Total		\$ <input type="text"/>		

**Payment Method**

Visa  
 MasterCard     Money Order  
 Discover/Novus     Check

**Do Not Send Cash**

Credit Card Number

Expiration Date



**PLEASE MAKE CHECK PAYABLE TO:**

Immediate Pharmaceutical Services  
 P.O. Box 166  
 Avon Lake, OH 44012

Unless box below is checked, your credit card will be kept on file and you are authorizing its use for future orders.

I do not want my credit card used for future orders.

Signature \_\_\_\_\_

### Authorization

PLEASE READ AND SIGN: I certify that the information provided on this form is correct and authorize the release of all information to the plan sponsor, and I AUTHORIZE IMMEDIATE PHARMACEUTICAL SERVICES TO SUBSTITUTE FDA APPROVED GENERIC DRUGS IN ALL CASES WHEN LEGALLY PERMISSABLE AND CONSISTENT WITH MY PHYSICIAN'S ORDERS AND MY BENEFIT PLAN.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## WHAT ARE MAINTENANCE DRUGS

Maintenance drugs are used to treat long lasting or chronic conditions and are taken for an extended period of time. They include medications for blood pressure, arthritis, heart conditions, birth control, cholesterol, asthma and others. **IPS** is a convenient, dependable and less expensive way to obtain your maintenance medications.

## WHAT ARE GENERIC DRUGS

The generic name of a drug is its chemical name. The brand name is the trade name under which the drug is advertised and sold. Generic drugs meet the same FDA standards and have the same active ingredients, strength, and effect as brand name drugs. **IPS** buys only the highest quality generic medications available.

Unless you or your physician has specified otherwise, your prescription will be filled with a generic equivalent when available and permissible.

## HOW DO I USE IPS MAIL SERVICE

1. Let your physician know you have **IPS** Mail Service.
2. Ask your physician for:
  - a. A prescription for a sufficient supply for immediate needs to be filled at your local pharmacy
  - b. A second prescription for the maximum allowable supply days for your medications, plus refills, to be filled by **IPS**
3. Complete the Confidential Patient Profile attached to this form.
4. Use the self-addressed envelope to enclose the following:
  - a. Your Confidential Patient Profile
  - b. The original prescription with refills
  - c. Payment for your portion of the prescription, based upon your health plan (co-payment)

You will receive your medication within two weeks via US Mail Service or UPS. Emergency orders can be sent overnight for an additional fee.

## HOW DO I GET A REFILL

- Order your refills on your existing prescriptions on-line at our **IPS** website: [www.ipsrx.com](http://www.ipsrx.com)
- Order your refills on existing prescriptions through our Interactive Voice Response system (IVR) 24 hours/7 days. By using a touch-tone phone, you may dial our toll-free number (1-800-233-3872) then select "2" to access the automated refill center. It is easy to follow the prompted directions.
- During business hours, you may call an **IPS** Customer Service Representative.
- Complete your reorder form and return in the **IPS** self-addresses envelope that accompanies your original order.

All questions regarding the **IPS** mail service program should be directed to:

Customer Service  
P.O. Box 166  
Avon Lake, OH 44012

Or Call:

Monday – Friday  
8:00 am – 8:00 pm (EST)

Saturday  
9:00 am – 1:00 pm (EST)

Or have your physician call or fax **IPS** your new prescription(s) – FAX: 440-930-5540

(Toll Free) **800-233-3872** Visit our Web Site at: [www.ipsrx.com](http://www.ipsrx.com)

