



FOR INTERNAL USE ONLY	
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Operator Initials	Date

## REQUEST FOR INFORMATION UPDATE

Serve You DirectRx Pharmacy is updating our account records. To assure we have your latest information on file, please complete the following form and return it with your next refill order or mail it to: **Serve You DirectRx Pharmacy, P.O. Box 26096, Milwaukee, WI, 53226. Forms may also be returned via confidential fax to 1-866-494-0364.**

### Account Information (Please print.)

Employer/Health Plan Name: \_\_\_\_\_

Group Number: \_\_\_\_\_ Member ID Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Providing your email address and phone number authorizes us to contact you about your account or our services. Your phone and email information will not be shared with any outside party. Please note: Other household members using this email address may be able to access your health information.*

### Shipping Information

For each account, all prescriptions ordered will be sent in the same package. If a family member does not want his or her prescriptions sent in the same package as that of other family members, he or she must establish a separate account. To establish a separate account, please complete a separate Information Update form. Additional copies of this form can be obtained from our web site, [www.serve-you-rx.com](http://www.serve-you-rx.com). Remember to please complete a separate Information Update form for each account.

### Payment Information

Please keep the following credit card information on file and use for all future DirectRx orders.  
(Any outstanding balances will be billed directly to your credit card.)

AMEX     DIS     MC     VISA

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year)

Cardholder Signature \_\_\_\_\_ Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Mo.) (Day) (Year)

*All communications will be directed to the primary member on the Enrollment Form. A covered dependent who would like to receive communications directly should include a request in writing to the above address.*