



THE HAND-CRAFTED PBM

Serve You
DirectRx Pharmacy
P.O. Box 26096
Milwaukee, WI 53226-0096
1-800-759-3203
1-866-494-0364 (Fax)
www.serve-you-rx.com

FOR INTERNAL USE ONLY
of Refills
Order #
Oper. Initials
Date

REFILL ORDER FORM

Member Information

Establish a separate account * (see note below)

Employer/Health Plan: Group #:
Member Name: Member ID Number:
Address: City: State: Zip:
The above address is: Permanent Address New Address Temporary Address
Primary Phone: Other Phone:
E-mail Address:

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.

MD Information

Name: Phone:

New Prescriptions

Table with columns: Patient Name, Birth Date, Gender (M/F), Relationship (C/S/D), Allergies

Please attach original prescription(s) to re-order form and mail to the address above.

Refills

Table with columns: Patient, Birth Date, Prescription Number, Drug Name

Total # of Prescriptions

PLEASE ALLOW 2 WEEKS FOR RECEIPT OF YOUR PRESCRIPTION(S)

Payment Information

(Select form of payment below.)

PAYMENT IN FULL MUST ACCOMPANY EACH ORDER

Orders received without payment will result in a processing delay. Any outstanding balances will be the responsibility of the primary member.

- Please use existing Credit Card on file.
I want to designate the below credit card to be kept on file for all orders.
Please use the below Credit Card for this order only.
AMEX DIS MC VISA

Credit Card Number Exp Date (Month) (Year)

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

Check # \$ Money Order

* 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 Refill Order Form for each member and check the establish a separate account box above.

Mail completed form to: Serve You Direct Rx Pharmacy, P.O. Box 26096, Milwaukee, WI 53226-0096
Refill Orders ONLY can be faxed to: 1-866-494-0364