

Request for Information Update

Serve You DirectRxSM 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 **866-494-0364**.

Please print

ACCOUNT INFORMATION

Employer/Health Plan Name: _____

Group Number: _____ Member ID Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Other Phone: _____

Email: _____

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 separate packages. Additional copies of this form can be obtained from our website, **serve-you-rx.com**. Remember to please complete a separate Request for Information Update form for each account.

PAYMENT INFORMATION

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

American Express Discover MasterCard Visa

Credit Card Number: _____ Exp Date: ____/____ (Month/Year)

Cardholder Signature: _____ Today's Date: ____/____/____ (Month/Day/Year)

NOTE: 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.

**Customer Service: PH 800-759-3203 FX 866-494-0364 / www.serve-you-rx.com
Serve You DirectRx Pharmacy, P.O. Box 26096, Milwaukee, WI 53226**



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