

## DrugSource, Inc. Obtain a Prescription

P.O. Box 1366 - Elk Grove Village, IL 60009-1366 - Fax: (847) 258-1913

To obtain a prescription from DrugSource Inc., complete one form for each family member.  
DrugSource Inc. will then contact your doctor to obtain a prescription.

Email Address:		Cardholder Name:	
Member ID of Cardholder:		Group ID of Cardholder:	
Patient Name:		Employer Name:	
Patient Address:		Patient DOB:	
Patient Home Phone:		Patient Daytime Phone:	
Doctor's Name:		Doctor's Fax:	
Doctor's Address:		Doctor's Phone:	

Patient Allergy and Medical Condition (write none if none)

Are you pregnant at this time? Yes No (Circle one)

Rx #	Med Name	Med Strength	Med Qty	Prescription Directions	I will contact Drug Source when needed	Please fill now

### Employee's Credit Card Information

Card Type		Card Number		Exp. Date	
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### Generic Medication Information

- Yes, I authorize DrugSource to dispense generic medications.
- No, I do not authorize DrugSource to dispense generic medications and understand that refusal of generic medication may impact my co-payment.

I certify the information on this form is correct. I certify that the patient information entered on this form is correct and that the patient named is eligible for benefits under the Prescription Drug Program. I hereby assign to the provider pharmacy any payment due pursuant to this transaction and future transactions and authorize payment directly to the provider pharmacy. I also authorize release of all information pertaining to the claim to the plan administrator, underwriter, and sponsor in accordance with the Health Insurance Portability and Accessibility Act(H.I.P.A.A.).

Signature:		Date:	
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