



## Maintenance Medication | Mail Order Request Form

### Patient Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Member Identification # (from ID card):

\_\_\_\_\_

Relationship to card holder: \_\_\_\_\_

### Payment for Co-pays

Credit Card can be provided by calling  
(717) 339-2600.

Once your prescriptions are on file with WellSpan Pharmacy, your medications can be managed at your convenience through the MyWellSpan portal:

#### MyWellSpan—2 ways to enroll:

1. Online: [www.MyWellSpan.org](http://www.MyWellSpan.org)
2. Phone: 1-866-638-1842

On most medications, members can receive up to a 100-day supply.

To ensure a smoother transition, please have your prescriber send your prescriptions

electronically to:

#### WellSpan Pharmacy – Adams Health Center

40 V Twin Drive, Suite 107

Gettysburg, PA 17325

Phone: (717) 339-2600

Fax: (717) 339-2601

### Please list any allergies:

Allergies: \_\_\_\_\_

\_\_\_\_\_

### Refill options (please select one):

**NOTE:** If a refill option isn't selected, the prescription will be entered as an auto refill.

☐ **Auto Refill**—Any medications due for refill will be automatically filled, charged and sent by mail to your home (note: this will include **all** prescriptions due for refill).

☐ **Do Not Auto Refill**—You will need to contact the pharmacy for future fills of your prescriptions.

### Please call to enroll or email completed form to:

[wahcpharmacy@wellspan.org](mailto:wahcpharmacy@wellspan.org)

*To protect your privacy, please include "secure" in subject line.*