



Specialty Medication Request Form

Patient Information

First Name: _____

Last Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Member Identification # (from ID card):

Relationship to cardholder: _____

Payment for Co-pays

Credit Card can be provided by calling
(717) 642-8812, option #4 for specialty
pharmacy.

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
2. Phone: 1-866-638-1842

Prescriber Information

Name: _____

Address: _____

Phone: _____

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

WellSpan Pharmacy – Fairfield

4910B Fairfield Road
Fairfield, PA 17320

Phone: 1-855-339-2305

Fax: (717) 642-6691

Specialty Medication Information

Medication Name: _____ Medication Dose: _____

Is this a new medication? Yes _____ No _____

Manufacturer Copay Assistance Card

BIN: _____ Member ID #: _____ PCN: _____ Group: _____

*WellSpan Specialty Pharmacy may be able to help you save on out-of-pocket costs – please call
(717) 642-8812, option #4 for further assistance.*

You will be notified when your medication is due for refill. Medication will only be sent with
your permission.

Please call to enroll or email completed form to: FairfieldPharmacy@wellspan.org

To protect your privacy, please include “secure” in the subject line. Updated 04/2025