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 or through your MyWellSpan portal.

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 06/2025