LifeBridge Health Outpatient Pharmacy

Mail-order pharmacy service

How it works

1. Order up to a 3-month supply of your maintenance medications or medications you take regularly.
2. We will fill your order and send it to the street address you provide. We do not deliver to P.O. Boxes or lockboxes.
3. Your medication will arrive within five days.

Two simple steps to use mail-order service:

1. Enroll by sending forms via mail or fax.
2. **ePrescribe**: Ask your doctor to send an electronic prescription to LifeBridge Health Outpatient Pharmacy at Northwest.

MEMBER INFORMATION			
Cardholder ID number:	Group:		PCN:
First name:	Last name:		MI:
Delivery address: ***(NOTE: WE DO NOT DELIVER TO P.O. BOXES OR LOCKBOXES.)***			Apt #:
City:	State:		Zip:
Phone number:	Email address:	Date of Birth: (_____ / ____ / _____)	Gender: ☐ M ☐ F
Drug Allergies: ☐ Penicillin ☐ Sulfa ☐ Codeine/Iodine ☐ Other:			
Easy-open caps: ☐ Yes ☐ No		Autorefill: ☐ Yes ☐ No	

Credit card authorization

☐ **By initialing this box**, I authorize LifeBridge Health Outpatient Pharmacy to charge my credit card on file to pay for each pharmacy prescription. I understand that, depending on my plan benefits, I may be responsible for the brand copayment, which may be higher, and any plan penalties that may apply. I understand that if I have any questions regarding my prescription or wish to be counseled on my medications that I can call the LifeBridge Health Outpatient Pharmacy to speak to a pharmacist. I agree that the information on this form is correct and authorize release of all information regarding my medical and prescription drug history and treatment to LifeBridge Health Outpatient Pharmacy. I understand that my prescription order(s) will be fulfilled and shipped upon receipt of my complete order form, the original prescription(s) and applicable payment.

Cardholder signature: _____ Date:_____

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LIFEBRIDGE HEALTH®
Outpatient Pharmacy at Northwest Hospital
CARE BRAVELY

If you have questions or need assistance, call 410-701-4455 or visit lifebridgehealth.org/outpatientpharmacy.

ADDITIONAL FAMILY MEMBERS

Use same delivery address as cardholder: ☐ Yes ☐ No If no, please list alternative address below:

First name:	Last name:	MI:
Delivery address: ***(NOTE: WE DO NOT DELIVER TO P.O. BOXES OR LOCKBOXES.)***		Apt #:
City:	State:	Zip:
Phone number:	DOB: (_____ / _____ / _____)	Gender: ☐ M ☐ F

Relationship to the cardholder: ☐ Spouse ☐ Dependent *(please check)*

Drug Allergies: ☐ Penicillin ☐ Sulfa ☐ Codeine/Iodine ☐ Other:

Easy-open caps: ☐ Yes ☐ No	Autorefill: ☐ Yes ☐ No

Billing information *(You may also provide this information by calling the pharmacy.)*

Payment method: Please select a payment choice below and provide the requested information:

☐ American Express ☐ Flexible Spending Card ☐ Visa ☐ Mastercard ☐ Discover Card

Your credit card will be charged according to your prescription plan. All future orders will be charged to this credit card.

☐ Check here if same as shipping address. If billing address is different than the shipping address, please list billing address below:

Name on credit card:		
Card number:	CVV:	Expiration date: _____ / _____
Address:		
City:	State:	Zip:

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LIFEBRIDGE HEALTH®
Outpatient Pharmacy at Northwest Hospital

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Mail form to: Northwest Hospital
Attn: LifeBridge Health Outpatient Pharmacy
5401 Old Court Road
Randallstown, MD 21133

Fax form to: 410-701-4422

Pharmacy Hours: Mon.-Fri.: 9 a.m. - 5 p.m. • Sat.-Sun.: Closed