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GET BOTH
90-DAY PRESCRIPTION SAVINGS
AND IN-STATE SERVICE

Valley Drug & Variety pharmacy offers delivery by mail service, exceptional customer service, and is based in Montana's oldest community. If you have any questions about your prescription service pharmacy benefits, please call Valley Drug & Variety at 1-800-870-5591, FAX: 1-406-777-5451.

Here's how the delivery by mail program benefits you:

QUALITY - Our prescription service with delivery by mail delivery is the same as our walk-up service. Every prescription is carefully checked by our pharmacists.

CONVENIENCE - With Valley Drug & Variety's delivery by mail program, you receive fast, convenient delivery of maintenance medications directly to your home.

SAVINGS - You get the savings of 90-day prescriptions, but still keep your dollars in state.

Please see the other side for instructions on how to use our delivery by mail service.

Member ID # _____ Company Name _____
Last Name _____ First Name _____ Middle Initial _____ Sex _____
Mailing Address _____ Apt or Suite # _____
City _____ State _____ Zip _____
Birth date (mo/day/yr) () Daytime Phone # () Evening Phone #

Check One:

Employee Medicare Part B
Retiree Cobra

Physician Information:

Physician Name & Phone # _____

Check all that apply:

Health Conditions: Asthma (493.90), Arthritis (714.00), Diabetes (250.01), Depression (311.00), Glaucoma (365.90), High Cholesterol (272.0), Hypertension (402.90), Low Thyroid (244.9), High Thyroid (242.9), Other Thyroid (245.90)
Drug Allergies: None, Aspirin (03), Codeine (04), Erythromycin (09), Iodine (29), Penicillin (01), Sulfa (15)

Other health conditions or drug allergies:

Method of Payment: (you may change payment method at any time)
Check (payable to Valley Drug)
Visa MasterCard Discover Card
American Express Money Order/ Cashier's check
Credit Card Number: _____ Expiration Date: _____

Your signature confirms your receipt of Valley Drug & Variety's patient information packet, receipt of HIPAA privacy information, assignment of benefits to your insurance company, and authorization to bill your credit card (if provided) for prescription services.

Member Signature (Required) _____ Date _____

I prefer "easy open" caps: Yes No

For new mail service prescriptions, please follow these simple steps:

1. If you need to start your medication right away, have your physician complete two prescriptions. Please be sure the prescription from your physician is legible, includes the drug's name, strength, and quantity to dispense, the exact daily dosage, the physician's name, phone number, and DEA number.
2. Fill one prescription immediately at a pharmacy and submit the other prescription to Valley Drug and Variety for a supply determined by your pharmacy benefit plan. Encourage your physician to write your prescription for the maximum number of days covered by your pharmacy benefit plan. This will help you to maximize your benefit and save money.
3. Complete this patient profile form. Please be sure to write your participant ID number in the space provided on the profile. Your ID number is generally your social security number. If your benefit plan includes dependent coverage, please fill out the dependent section(s), even if you are not ordering medications for them at this time. If more space is required for dependents, please list them on a separate sheet.
4. Mail this patient profile form, the original prescription(s) and co-payment, if applicable, to Valley Drug & Variety. If your plan requires a co-payment, please provide your credit card information on the patient profile. You can expect delivery of your order within 14 days from the date your order is postmarked.

Please note: A complete street address is required for controlled substance medications, and an adult signature is required upon receipt. To realize cost savings, we will dispense FDA approved generic medications, when allowed by your physician, subject to the terms outlined in your prescription benefit plan design.

Please remember to call in your refill numbers at least 2 weeks before you run out of medication.

<u>Dependent #1</u>	<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>		
	<u>Birth date (mo/day/yr)</u>		<u>Sex</u>		
Physician Information:					
<u>Physician Name & Phone #</u>					
Other health conditions or drug allergies:					
<u>Your signature confirms receipt of Valley Drug & Variety's patient information packet and HIPAA privacy information, and assignment of benefits to your insurance company.</u>					
<u>Dependent/Guardian Signature</u>			Required	<u>Date</u>	

Check One:

Spouse

Child

Check all that apply:

Health Conditions

- Asthma (493.90)
- Arthritis (714.00)
- Diabetes (250.01)
- Depression (311.00)
- Glaucoma (365.90)
- High Cholesterol (272.0)
- Hypertension (402.90)
- Low Thyroid (244.9)
- High Thyroid (242.9)
- Other Thyroid (245.90)

Drug Allergies

- None
- Aspirin (03)
- Codeine (04)
- Erythromycin (09)
- Iodine (29)
- Penicillin (01)
- Sulfa (15)

<u>Dependent #2</u>	<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>		
	<u>Birth date (mo/day/yr)</u>		<u>Sex</u>		
Physician Information:					
<u>Physician Name & Phone #</u>					
Other health conditions or drug allergies:					
<u>Your signature confirms receipt of Valley Drug & Variety's patient information packet and HIPAA privacy information, and assignment of benefits to your insurance company.</u>					
<u>Dependent/Guardian Signature</u>			Required	<u>Date</u>	

Check One:

Spouse

Child

Check all that apply:

Health Conditions

- Asthma (493.90)
- Arthritis (714.00)
- Diabetes (250.01)
- Depression (311.00)
- Glaucoma (365.90)
- High Cholesterol (272.0)
- Hypertension (402.90)
- Low Thyroid (244.9)
- High Thyroid (242.9)
- Other Thyroid (245.90)

Drug Allergies

- None
- Aspirin (03)
- Codeine (04)
- Erythromycin (09)
- Iodine (29)
- Penicillin (01)
- Sulfa (15)

<u>Dependent #3</u>	<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>		
	<u>Birth date (mo/day/yr)</u>		<u>Sex</u>		
Physician Information:					
<u>Physician Name & Phone #</u>					
Other health conditions or drug allergies:					
<u>Your signature confirms receipt of Valley Drug & Variety's patient information packet and HIPAA privacy information, and assignment of benefits to your insurance company.</u>					
<u>Dependent/Guardian Signature</u>			Required	<u>Date</u>	

Check One:

Spouse

Child

Check all that apply:

Health Conditions

- Asthma (493.90)
- Arthritis (714.00)
- Diabetes (250.01)
- Depression (311.00)
- Glaucoma (365.90)
- High Cholesterol (272.0)
- Hypertension (402.90)
- Low Thyroid (244.9)
- High Thyroid (242.9)
- Other Thyroid (245.90)

Drug Allergies

- None
- Aspirin (03)
- Codeine (04)
- Erythromycin (09)
- Iodine (29)
- Penicillin (01)
- Sulfa (15)