Prescription Mail Order Enrollment Form

Please fill out one enrollment form for each family member. Mail this completed form to the address below.

Patient Information

Medicaid ID _____ Group Number _____

First Name _____ Middle Initial _____ Last Name _____ Date of Birth _____ Gender _____

Home Address _____ City _____ State _____ Zip Code _____

Primary Phone ☐ Cell ☐ Home ☐ Work _____ Secondary Phone ☐ Cell ☐ Home ☐ Work _____

Email Address _____ Preferred Method of Communication ☐ Text ☐ Email ☐ Call

Drug Allergies

- ☐ None
- ☐ Aspirin
- ☐ Cephalosporin
- ☐ Codeine
- ☐ Penicillin
- ☐ Sulfa drugs
- ☐ Tetracycline
- ☐ _____

Optional Pharmacy Services

Print your name (or parent/guardian's name) to consent to and enroll in services.

90-Day Supply Conversion (Recommended)

We can make your prescriptions last longer by converting them to 90-day supplies.

I, _____, give permission to H-E-B Pharmacy to convert my remaining prescription refills to 90-day supplies and to contact my physician for additional prescription refills as necessary.

EZ-Open Caps (Caution: Not Child-Resistant)

We can make your prescription bottles easier to open by using EZ-open caps.

I, _____, give permission to H-E-B Pharmacy to use EZ-open caps on my prescription bottles. I understand that EZ-open caps are not child-resistant closures and that I must keep my medications out of the reach of children.

Transfer Your Current Prescriptions to H-E-B Mail Order Pharmacy

	Medication Rx Number	Medication Name	Medication Strength	Pharmacy Name	Pharmacy Phone	Pharmacy Address
1						
2						
3						
4						

If you have more prescriptions that you would like to transfer to H-E-B Mail Order Pharmacy, please write the prescription information on another sheet of paper and include it with this form

Send Your Future Prescriptions to H-E-B Mail Order Pharmacy

You or **your doctor** can send new prescriptions to H-E-B Mail Order Pharmacy

You can mail your prescriptions to:

HEB Pharmacy MARC
8300 Floyd Curl Dr
San Antonio TX 78229-3931

OR

Your doctor can electronically submit prescriptions to:

HEB Pharmacy MARC
8300 Floyd Curl Dr
San Antonio TX 78229-3931
NABP: 5903605 NPI: 1801185004

or call in prescriptions toll-free to 1-833-432-7928

NOTE: Prescriptions submitted by prescribers directly to pharmacy will not be filled until directed by member. Please allow up 14 days to receive your order from the day you mail your prescription.

Questions?

Please call us at our toll-free number (available 24/7) if you have any questions or if you would like to enroll by phone

1-833-432-7928

Sign and Date

_____
Signature of Patient or Parent/Guardian

_____
Printed Name of Parent/Guardian (if applicable)

_____
Date

Thank you for choosing H-E-B PharRxmacy