

# PRESCRIPTION HOME DELIVERY REGISTRATION

Elixir Pharmacy provides convenient home delivery for maintenance medications, delivered to you with free standard shipping!

## 1. REGISTRATION INFORMATION

Register with Elixir Pharmacy using one of the three available options below.

**Please note**, you will need your Member ID number from your prescription card to complete registration.



**To register via the online portal:**  
Visit [elixirsolutions.com](http://elixirsolutions.com)



**To register by mail:**  
Send this form to Elixir Pharmacy  
7835 Freedom Ave. NW,  
North Canton, OH 44720



**To register by phone:**  
Call Elixir Pharmacy  
at 866-909-5170 (TTY:711)

## 2. FILLING PRESCRIPTIONS

Ask your physician for a 90-day prescription of your medication. Your doctor can send the new prescription to Elixir Pharmacy using any of the following secure and easy methods:



**Electronic:** Have your doctor send the prescription to Elixir Pharmacy using **NCPDP 36-77361**.



**Fax:** Have your doctor fax the prescription to Elixir Pharmacy at **866-909-5171**.



**Mail:** If you have a written prescription, you or your doctor can include it with this completed form or, if you've already registered online or via phone, mail it to: **Elixir Pharmacy, 7835 Freedom Ave., NW, North Canton, OH 44720**.

You can also transfer any current prescriptions that are with another pharmacy to Elixir Pharmacy by going to **elixirsolutions.com**. If you need any assistance with this process or help contacting your doctor, call Elixir Pharmacy at **866-909-5170 (TTY: 711)**. *Please have your prescription bottle handy.*

## 3. MEMBER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_ Email: \_\_\_\_\_

Member Identification Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F

## 4. HEALTH INFORMATION

**Drug Allergies:** None Aspirin Codeine Erythromycin Penicillin Sulfa Other: \_\_\_\_\_

**Medical Conditions:** Arthritis Asthma Cancer Diabetes Glaucoma Heart Condition  
High Blood Pressure High Cholesterol Migraine Thyroid Disease Other: \_\_\_\_\_

**Current Over-the-Counter or Herbal Medications Taken Regularly:** \_\_\_\_\_

## 5. AUTOMATED EASYREFILL PROGRAM

### Never miss a dose!

Sign up for Elixir's free Automated EasyRefill Program ("EasyRefill") and get your medications\* refilled automatically and sent to your home. Before your medication is shipped, you will receive emails\*\* notifying you of your upcoming order and the date your order will be processed and shipped.

### READY TO GET STARTED?

To enroll, email Elixir Mail Customer Care at [elixirpharmacy@elixirsolutions.com](mailto:elixirpharmacy@elixirsolutions.com) or call **866-909-5170 (TTY: 711)**.

I am a California resident and have received the Elixir EasyRefill Summary located at [elixir.info/easyrefill](http://elixir.info/easyrefill).

**California residents must re-enroll into the Easy Refill Program annually.** Email Elixir Mail Customer Care at [elixirpharmacy@elixirsolutions.com](mailto:elixirpharmacy@elixirsolutions.com) or call 866-909-5170 (TTY: 711).

**Additional program information:** To be eligible for automatic refills (EasyRefill), your plan must allow participation. \*Prescriptions ineligible for the EasyRefill Program 1) purchased through retail; 2) fail to meet permissible refill parameters; 3) government funded prescriptions where prohibited by state law; 4) are a refrigerated medication; or 5) are a controlled or regulated medication that requires a new prescription for every fill. Additional limitations may apply. \*\*You must have an email address on file with Elixir Pharmacy and opt in to receive email communications from Elixir. If you have a credit card on file with us, we will charge your card for copays up to \$500 and will contact you for authorization over that amount.

## 6. PAYMENT AND SHIPPING

**Please do not send cash. If your copay is \$0, your card will not be charged.**

**Credit/Debit Card:**  Visa  MC  Discover  Amex  Diners

**Credit Card Number:**

Expiration date:

M M Y Y

X \_\_\_\_\_

Cardholder signature

I authorize Elixir Pharmacy to charge this card for all orders from any person in this membership and to maintain my credit card on file as payment method for any future charges. To modify payment selection, contact customer service at any time. For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders.

**For optional expedited shipping, add  \$10 for ground,  \$25 for 2-day, or  \$50 for overnight delivery. Standard shipping is included.**

Elixir Pharmacy complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-909-5170 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-909-5170 (TTY: 711)。