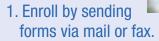
LifeBridge Health Outpatient Pharmacy

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:





MEMBER INFORMATI	ON						
Cardholder ID number:		Group	Group:			PCN:	
First name:		Last	Last name:			MI:	
Delivery address: (NOTE: WE	DO NOT DELIVER TO P.O. BOXES (OR LOCKBOXES	;.)		Aŗ	ot #:	
City:			State:			Zip:	
Phone number:	Email address:	<u> </u>	Date of Birth:			ender:	□ F
Drug Allergies: Penic	illin Sulfa Cod	deine/lodine	Other:				
Easy-open caps: Yes No			Autorefill: Yes No				
Credit card auth	orization						
for each pharmacy pre- copayment, which may regarding my prescript Pharmacy to speak to a information regarding of I understand that my p	box, I authorize LifeBridge scription. I understand that be higher, and any plan plan or wish to be counseled pharmacist. I agree that the my medical and prescription order(s) will be and applicable payment.	t, depending enalties thand d on my me the information drug hist	on my plan I t may apply. I edications that tion on this fo ory and treatn	benefits, I may be respons understand that if I have a t I can call the LifeBridge I rm is correct and authorize nent to LifeBridge Health (sible for the any quest Health Out e release Outpatient	e brand ions tpatient of all t Pharma	
Cardholder signature:			Date:				

Continued on back



If you have questions or need assistance, call 410-601-7100 or visit lifebridgehealth.org/outpatientpharmacy.

ADDITIONAL FAMILY MEMBERS									
Use same delivery address as cardholder: \square Yes	No If no, plea	se list alternative address below:							
First name:	Last name:			MI:					
Delivery address: (NOTE: WE DO NOT DELIVER TO P.O. BOXES O	Apt #:								
City:	State:			Zip:					
Phone number:	DOB: (_ / /)	Gender:					
Relationship to the cardholder: Spouse Dependent (please check)									
Drug Allergies: Penicillin Sulfa Codeine/lodine Other:									
Easy-open caps: Yes No	Αι	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	on date: /					
Address:									
City:		State:	Zip:						

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CARE BRAVELY

Mail form to: Sinai Hospital of Baltimore

Attn: LifeBridge Health Outpatient Pharmacy at Sinai (1st floor)

2401 W. Belvedere Ave.

Baltimore, MD 21215

Fax form to: 410-601-7131