IPS Prescription Mail Service

CONVENIENCE • SAFETY • EDUCATION • COST SAVINGS

- Have your prescription delivered directly to your home.
- Education and Safety – IPS provides a patient information leaflet with every prescription to insure the patient understands what they need to know to effectively and safely take their medication.
- Unless you or your physician has specified otherwise, your prescription will be filled with a generic equivalent when available and permissible. This will also help cut down on your cost.

HOW DO I USE IPS MAIL SERVICE?

1. Let your physician know you have IPS Mail Service.
2. Ask your physician for:
   a) A prescription for a sufficient supply to cover immediate needs to be filled at your local pharmacy;
   b) A second prescription for the maximum allowable days supply for your medications, plus refills, will then filled by IPS
3. Complete the Confidential Patient Profile to the right.
4. Send the following to IPS:
   a) Your Confidential Patient Profile;
   b) The original prescription with refills;
   c) Payment for your prescription

   TO EXPEDITE YOUR ORDER, USE YOUR CREDIT CARD. You will receive your medication within two weeks via US Mail Service or UPS. Free shipping on orders of 60 or more days supply!
   Emergency orders may be sent overnight for an additional fee.

HOW TO ORDER REFILLS

- Order your refills on your existing prescriptions on-line at our IPS website: www.ipsrx.com
- Order your refills on existing prescriptions through our Interactive Voice Response System (IVR) 24 hours/7 days a week. By using a touch-tone phone, you may dial your toll-free number 1-800-233-3872 then select “2” to access the automated refill center. It is easy to follow the prompted directions.
- During business hours, you may call an IPS Customer Service Representative.
- You will receive a reorder form with each order you place.

All questions regarding the Immediate Pharmaceutical Services (IPS) mail service program should be directed to:

IPS Customer Service
1-800-233-3872 • Fax: 1-800-893-2299
Monday – Friday 8:00 am – 8:00 pm (EST), Saturday 9:00 am – 1:00 pm (EST)
New prescription(s) may be called or faxed in by your physician
33381 Walker Road
PO Box 166
Avon Lake, OH 44012
www.ipsrx.com

Mail Order Registration

Confidential Patient Profile and Prescription Order Form

Employer Name | Group Number (as it appears on Prescription Card)

Member Information

Member ID

Last Name | First Name | M.I. | Phone

Street Address | City | State | Zip code

Confidential Patient Profile

Use this from to register with Immediate Pharmaceutical Service (IPS) at the time you place your first order.

Please register, even if you do not have a prescription enclosed at this time.

NAME:	PRESCRIPTIONS ENCLOSED? (Yes or No)	DATE OF BIRTH			SEX		ALLERGIES							HEALTH CONDITIONS								
		Month	Day	Year	Male	Female	None	Aspirin	Codeine	Erythromycin	Penicillin	Sulfa	Other-Specify	Asthma	Diabetes	Glaucoma	Heart Condition	High Blood Pressure	Seizure Disorder	Thyroid	Ulcers	Other - Specify
01 Member																						
02 Spouse																						
03 Dependent																						
04 Dependent																						
05 Dependent																						

Please list other conditions

☐ I ELECT TO RECEIVE BRAND DRUGS AND I WILL BE RESPONSIBLE FOR ANY ADDITIONAL COST.

Payment Method

Credit Card __ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __

Expiration Date (mm/yy): __ __ / __ __

☐ VISA ☐ Money order

☐ MasterCard ☐ Check

☐ Discover/Novus DO NOT SEND CASH

Make checks payable to Immediate Pharmaceutical Services.

Payment Information

Payment must be received prior to shipment of your order

Number of Rx's ______________ = ______________ $ Enclosed

Unless the box below is checked, your credit card will be kept on file and you are authorizing its use for future orders

☐ I do NOT want my credit card used for future orders

Signature

Authorization

PLEASE READ AND SIGN: I certify that the information provided on this form is correct and authorize the release of all information to the plan sponsor. I authorize immediate pharmaceutical services to substitute FDA approved generic drugs in all cases when legally permissible and consistent with my physicians orders and my benefit plan.

Signature | Date

Patient Transfer Request Form

Dear Member,

MEMBER ID

Welcome to the IPS Prescription Mail Service Program! Our program offers you a more cost effective and convenient way of obtaining your maintenance medications. To enroll in our program and place your initial order, you must complete the enclosed IPS Enrollment Form and Confidential Patient Profile, include your original written prescription(s) and return all to IPS in the envelope that is attached to our Enrollment Form. If you wish to transfer any remaining refills from your previous pharmacy provider to IPS, please provide the prescription information below and send to IPS along with your Enrollment Form and Confidential Patient Form. Our IPS pharmacist will contact your previous pharmacy provider and request the transfer. If they will not honor the refill request, IPS will contact your physician to obtain a new prescription for you. In the event IPS is unable to obtain a prescription from your physician in a timely manner, we will notify you immediately.

PATIENT NAME	PREVIOUSPHARMACYPROVIDER AND PHONE NUMBER (ALSO FAX IF KNOWN)	RX #	MEDICATION NAME AND STRENGTH	PHYSICIAN'S NAME	PHYSICIAN'S PHONE NUMBER	FILL RX NOW? YESORNO

When authorized by your physician and permitted by you, IPS will dispense a generic drug when available. If you DO NOT wish IPS to substitute a generic product for any of your medications, please initial below.

________ IF I ELECT TO RECEIVE BRAND DRUGS, I MAY BE RESPONSIBLE FOR ANY ADDITIONAL COST.

Member ID Name - Printed

Member Signature Date

Daytime Phone Number

Evening Phone Number

33381 Walker Road
PO Box 166
Avon Lake, OH 44012
1-800-233-3872 • Fax: 1-800-893-2299
www.ipsrx.com