

YALE HEALTH PLAN MAIL ORDER PHARMACY SERVICE

INSTRUCTIONS:

Step 1: Determine if your prescription is eligible for Yale Health Plan (YHP) Mail Order Pharmacy Service by going to www.yale.edu/yhp/druglist. Drugs eligible for mail order will be listed in **bold**.

Step 2: If your drug is eligible for mail order, you must also meet the following criteria:

- The prescription was previously filled at the YUHS Pharmacy and prescribed by a Yale Health Plan (YHP) physician.
- The prescription must be for a three month supply.
- Your physician must feel that your need for the prescription drug has reached a stable level where a prescription for 3 months at a time is appropriate.
- The shipping address must be a Connecticut address.
- You have 3 to 4 weeks of medication left from the previous fill. You must be able to allow 3 weeks for processing and delivery.

Step 3: Follow the instructions on the form. Submit the form to the mail order drop-box in the lobby near the Pharmacy at 17 Hillhouse Ave. or mail it to:
Yale Health Plan Mail Order Pharmacy Service / P. O. Box 208237 / New Haven, CT 06520-8237 or fax it to 203-432-9870.

Notes:

YHP cannot be responsible for the carriers who provide the delivery service. If multiple attempts at delivery fail, the patient may be considered unsuitable for the service.

The form must be **signed, dated** and mailed or faxed to the address on the form.

Incomplete forms will be returned to the shipping address.

For information on mail order co-pays please visit www.yale.edu/yhp/mailorder.

The Yale Health Plan Mail Order Pharmacy Service is separate from the retail YUHS pharmacy. For mail order questions please call **YHP Mail Order Pharmacy Service at 1-888-432-9427**. Do not call the pharmacy as the retail pharmacy staff will not be able to assist you with your mail order questions.

As with all YHP services the Member Services Department is also available to assist you at 203-432-0246.

YALE HEALTH PLAN MAIL ORDER PHARMACY SERVICE FORM

Please print legibly. See the back of this form for a detailed description of the Mail Order Program.

Contact Information		
Last Name	First Name	
Daytime phone number	Evening phone number	
Shipping Address <small>Please note: we cannot deliver to addresses outside of CT.</small>		
Street Address		
City	State	Zip Code
Prescription Label Information (for your Mail Order drugs that will run out in 3 weeks time)		
PTID #	Rx #	Rx #
Rx #	Rx #	Rx #
Rx #	Rx #	Rx #
Payment Method <small>Checks and money orders can be made payable to Yale University.</small>		
Payment Type <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Check <input type="checkbox"/> Money Order		
Credit Card Number		
Expiration Date	Security Code (last 3 digits on back of card in account number panel)	

X _____
Signature

Date

*Please allow **three weeks** from submission of this form for processing and delivery.

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Yale Health Plan Mail Order Pharmacy Service / P. O. Box 208237 / New Haven, CT 06520-8237.
You can also fax it to 203-432-9870.

For any questions please call the YHP Mail Order Pharmacy Service toll-free at 1-888-432-9427. Please do not call the pharmacy number as they will be unable to assist you.