Prescription Home Delivery Registration

Elixir Pharmacy provides convenient home delivery for traditional maintenance medications and specialty drugs. Our pharmacy care model focuses on the individual needs of our patients, better coordinating care and improving outcomes. For more information visit elixirsolutions.com.

1. REGISTRATION INFORMATION

To help make your experience easier, 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 using any of these methods.*

To register via the online portal:
Visit 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

It's easy to fill a prescription with Elixir Pharmacy. 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 the 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) for maintenance medications or 877-437-9012 (TTY: 711) for specialty medications. 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: _____

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5. PRESCRIPTION INFORMATION

Drug Name	Doctor's Name	Doctor's Phone #	* Autorefill	**Fill when Rx Received
1.			☐	☐
2.			☐	☐
3.			☐	☐
4.			☐	☐
5.			☐	☐
6.			☐	☐
7.			☐	☐

**Check box if you would like this option.* ***Check box if you would like us to fill your prescription when we receive it.*

☐ I do not want child-proof caps. If you check this box, we will include snap caps or easy off lids with your medications.

Generics: Elixir Pharmacy will automatically dispense the generic drug unless your prescriber writes "DAW" (dispense as written) on the prescription and the brand name drug is medically necessary. Brand name drugs typically require you to pay a higher copayment.

Please note, *to be eligible for automatic refills, your plan must allow participation. 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. No refrigerated or controlled substances can be filled automatically due to deliveries needing to be pre-scheduled and other restrictions. Must have email address on file. Elixir Pharmacy will send you a notice when your prescriptions are out of refills or expire, recommending you contact your physician's office or Elixir Pharmacy to request a refill.*

6. PAYMENT AND SHIPPING

How would you like to pay for this order? *(Please do not send cash. If your copay is $0, you do not need to provide payment information.)*

Charge my credit 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.

☐ **Expedited Shipping**: Add $10 for ground, $25 for 2-day and $50 for priority overnight to total order amount.
Note: Expedited shipping cannot be sent to a P.O. Box.

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

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).

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