



EMPLOYEE Prescription Transfer/Enrollment Form (required for each family member)

Patient Name

Date of Birth (MM/DD/YYYY) Last 4 digits of SSN

Address (cannot deliver to PO box)

City State Zip Code

Preferred Phone Secondary phone

Email address

Allergies

Legal Sex Gender Identity

Is there a secondary pharmacy insurance plan?

☐ No ☐ Yes (If yes, staff will contact you for information.)

| Preferred Delivery Method (check either Pick-up, Delivery) – if Pick-up, select pharmacy below. | |
|--|--|
| <input type="checkbox"/> Pick-up | <input type="checkbox"/> Delivery |
| <input type="checkbox"/> UCMC Hoxworth Pharmacy | <input type="checkbox"/> West Chester Outpatient Pharmacy |
| <input type="checkbox"/> UCMC Discharge Pharmacy | <input type="checkbox"/> Specialty Pharmacy |
| <input type="checkbox"/> UCMC Physician's Office Building | <input type="checkbox"/> UC Health Healing Center Pharmacy |

If selecting **DELIVERY**, please contact the UCMC Hoxworth Pharmacy via phone or email below to provide payment information. Prescriptions for delivery will be processed as received by providers.

I authorize the pharmacy staff to bill my credit card/FSA/HSA/debit card on file for my copayments or coinsurance. I understand that any changes to delivery preferences including address changes need to be communicated before shipment occurs.

Signature _____ **Date** _____

| CURRENT PHARMACY <input type="text"/> | | | |
|--|--|--------------------------|--|
| Phone | | City/State | |
| Prescription # | | Prescription Name/Dosage | |
| Prescription # | | Prescription Name/Dosage | |
| Prescription # | | Prescription Name/Dosage | |
| Prescription # | | Prescription Name/Dosage | |
| Prescription # | | Prescription Name/Dosage | |

Email/fax completed forms to specified location below: **(Add additional pages if necessary)**

UCMC Hoxworth Pharmacy

Phone: 513-584-8828

Fax: 513-584-5270

UCMCOutpatientpharmacy@uchealth.com

UC Health Specialty Pharmacy

Phone: 513-585-9700

Fax: 513-585-9711

SpecialtyPharmacy@uchealth.com

UC Health Pharmacy Physician's Office

Phone: 513-475-8800

Fax: 513-475-8005

POBPharmacy@uchealth.com

UCMC Pharmacy at West Chester

Phone: 513-298-7979

Fax: 513-759-1999

WCHOutpatientPharmacy@uchealth.com

UC Health Healing Center Pharmacy

Phone: 513-584-3300

Fax: 513-584-3735

BCHCOutpatientPharmacy@uchealth.com