Department of Veterans Affairs — Meds by Mail Order Form

A mail order prescription service for qualified CHAMPVA and Spina Bifida beneficiaries

This form is for Prescription Orders Only

Important Information

- ***This form must be filled out completely including your Social Security number and Date of Birth for identification purposes. If you cannot be identified, your prescription will not be filled.***
- Attach the original prescription to this form. **Photocopies** of prescriptions are **not accepted**.
- This order form is required **EVERY TIME** a written prescription from your medical provider is mailed.
- This form is to be completed by the patient, family member, or caregiver with power of attorney.
- Use a **separate** form for **each patient** or family member.
- Medication delivery may take up to **21 days** from the date you mail your order. To ensure that you have enough medication to last until your shipment arrives, request a second written prescription for a 30-day supply from your medical provider that can be filled at your local pharmacy.
- This mail order service is provided only for maintenance medication—that is, medications that are required for extended periods of time. All immediate-use or one-time-use prescriptions and all CII controlled substance prescriptions must be obtained at your local pharmacy.

Patient Prescription Information

This form must be filled out completely - TYPE or PRINT information below:

Patient Name: (Last, First, Middle Initial)			Patient SSN	Date of Birth (mm-dd-yyyy)

Mailing Information (Type or Print where the prescriptions are to be mailed)

Patient Mailing Address:

Address 1

Address 2

City

State Zip

Is this a change of address? ☐ Yes ☐ No

Is this a permanent change? ☐ Yes ☐ No

Is this a temporary change? ☐ Yes ☐ No

Daytime Phone Number (Including Area Code):

Home: Cell:

Today's Date:

NON-SAFETY CAP REQUEST:

Federal law requires that your medication be dispensed in a container with a child resistant or safety cap. If you would like your prescription with an "Easy-Open" lid, please sign below:

I request that these prescriptions and all refills of these prescriptions dispensed in "Easy-Open" or NON-child-resistant containers.

Signature:

Medication Allergies

- ☐ No known allergies
- ☐ Aspirin
- ☐ NSAIDS
- ☐ Cephalosporin
- ☐ Penicillin
- ☐ Codeine
- ☐ Sulfa
- ☐ Erythromycin
- ☐ Tetracycline
- ☐ Other (specify)

Health Conditions

- ☐ Arthritis
- ☐ Asthma
- ☐ COPD
- ☐ Depression
- ☐ Diabetes
- ☐ Glaucoma
- ☐ Heart Problem
- ☐ High Cholesterol
- ☐ Hypertension
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Seizures/Epilepsy
- ☐ Thyroid
- ☐ Ulcer/Acid Reflux
- ☐ Other (specify)
- ☐ Food Allergy (specify)

Where to Mail your Prescriptions:

WEST

If you live in one of the following states or territories, mail your order form to the address listed below:

Alaska, American Samoa, Arizona, Arkansas, California, Colorado, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Northern Mariana Islands, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, Wyoming.

Telephone: 1-888-385-0235

Address: Meds by Mail
PO Box 20330
Cheyenne, WY 82003-7008

EAST

If you live in one of the following districts, states or territories, mail your order form to the address listed below:

Alabama, Connecticut, Delaware, Florida, Georgia, Kentucky, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Virgin Islands, Washington D.C., West Virginia.

Telephone: 1-866-229-7389

Address: Meds by Mail
PO Box 9000
Dublin, GA 31040-9000

How to Request Prescription *REFILLS:*

This form is for use when you send a **paper prescription** written by your medical provider. Refill orders should be placed by calling our automated refill system. Simply call 1-888-370-1699 and follow the voice prompts. Refill orders may also be placed using the refill slip that accompanies each shipment of medication. If you choose to reorder by mail, be sure to return your refill slip as soon as you receive your prescription order, as it may take up to **21 days** to process your order. **DO NOT DELAY** in requesting your refills. Read the refill slip carefully, it contains information you will need concerning the number of refills remaining and the prescription expiration date.

E-prescribing Information

We now accept electronic prescriptions directly from your doctor. Ask your doctor if they can e-prescribe and tell them the name of the pharmacy is listed as: “Meds by Mail CHAMPVA”

Provider Information

Provider Name:

Provider Contact: