



Enroll in Mail-Meds

Fax to Mail-Meds Clinical Pharmacy at (866) 583-3597.

Patient enrollment department (800) 939-2022.

www.mailmeds.com

First Name: _____ Last Name: _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

Phone (Day): _____ Phone (Evening): _____

Date of Birth (MM-DD-YY): _____ Prescription Plan Name: _____

Bin #: _____ PCN #: _____

Group #: _____ Member I.D.: _____

Social Security: _____ Sex: _____ Male _____ Female

Known Drug Allergies (List All): _____

Prescription Number	Pharmacy Phone #	Date Last Filled (MM-DD-YY)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

Products/Services Needed:

- _____ Med-Box™
- _____ Med-Pal
- _____ Med Reminder PC200
- _____ ALRT 500 Remote Monitoring System
- _____ Biojector® 2000
- _____ Home Training Visit



Enroll in Mail-Meds

Fax to Mail-Meds Clinical Pharmacy at (888) 583-3597.

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Complete this section if you are enrolling someone other than yourself

First Name: _____ Last Name: _____ Title: _____

Organization Name: _____ Phone: _____

Email Address: _____

Special Instructions: _____
