

Convenience

- > After you enroll in our service, your doctor easily can send new prescription orders for you by phone, mail, fax, or ePrescribe. When the mail order pharmacy gets a prescription directly from your doctor, you will be called first to confirm that you want the drug(s).
- > Our pharmacy team members will contact you for refill reminders.
- > You can receive a 90-day supply of drugs.
- > For any questions or concerns about your drugs, you can speak to one of our pharmacists by phone or email at Homescripts.com.



Customer Service Center

Toll-free: 1.888.239.7690



Hours of Operation

Weekdays: 8 a.m.–8 p.m. EST
Saturday: 10 a.m.–2 p.m. EST



Mailing Address

500 Kirts Blvd., Suite 300
Troy, MI 48084

Homescripts is a mail order pharmacy that offers prescription drugs sent safely to your home. If you have one or more prescriptions for maintenance or long-term conditions like high blood pressure, arthritis, diabetes, or depression, our mail service may be right for you. Our high quality and no cost delivery make it easy to get your maintenance drugs through the mail. Homescripts also helps reduce trips to your retail pharmacy.

Packaged for Safety

Our pharmacists process all mail service prescriptions and mail your drugs in plain, tamper-proof packages. Refrigerated drugs arrive in a temperature-safe package.

Enroll Today

Complete enrollment using one of the options below:

- Option 1**
Email. Send completed form to customerservice@homescripts.com.
- Option 2**
Phone. Call to enroll at 1.888.239.7690.
- Option 3**
Mail. Mail your completed enrollment form to Homescripts.

Easy Refills

You can refill your prescriptions in three simple ways:

- Option 1**
Online. Log into [Homescripts.com](https://homescripts.com).
- Option 2**
Phone. Call us at 1.888.239.7690. You can leave a message without having to wait to speak with someone.
- Option 3**
Mail. Mail your completed consent form that comes with every package.

Member Enrollment Form

STEP 1 - PERSONAL INFORMATION

Name: _____ Date of Birth (mm/dd/yy): _____

Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Mobile Phone: _____

Email Address:* _____

Emergency Contact: _____ Phone: _____

Relationship to Member: _____

Allergies: None Aspirin Codeine Iodine Penicillin Sulfa Other: _____

Health Condition(s): Thyroid Diabetes Arthritis Heart Conditions High Blood Pressure

Asthma High Cholesterol Other: _____

*By providing your email address, you consent to receive email notifications regarding your prescription benefits, as well as other information on behalf of Homescripts and Envolve Pharmacy Solutions. You may opt out of this email service at any time by contacting us or following the opt-out instructions included in each email you receive.

STEP 2 - HEALTHCARE PRACTITIONER INFORMATION

Name (Printed): _____ Phone Number: _____

Office Location: _____

STEP 3 - PRESCRIPTION INSURANCE INFORMATION

Policyholder (if different than above): _____

Relationship to Member: _____

Cardholder ID #: _____ Rx Group: _____

Rx BIN #: _____ PCN/Plan Code: _____

Insurance Name: _____ Insurance Phone Number: _____

STEP 4 - PAYMENT INFORMATION

Credit Card Type: Visa Mastercard Discover Amex

Use this card for future orders? Yes No

Credit Card #: _____ Expiration Date: _____ / _____ Is this an FSA card? Yes No

Cardholder Name: _____ Cardholder Signature: _____

Member Enrollment Form

STEP 5 - MEDICATION HISTORY

Please list all prescription and over-the-counter medications you are currently taking.

Medication Name	Strength

Medication Name	Strength

STEP 6 - PRESCRIPTION INFORMATION

1

**Send Prescriptions
by Mail to:**

Homescripts Pharmacy
Attn: New Member Enrollment
500 Kirts Blvd., Suite 300
Troy, MI 48084

OR

2

**Ask Your Provider to
Call or Fax Prescriptions to:**

Homescripts Pharmacy
Attn: New Member Enrollment
500 Kirts Blvd., Suite 300 | Troy, MI 48084
Phone: (888) 239-7690 | TTY: Please dial 711 **OR**
Fax to: (877) 396-5970

Law prohibits patients from emailing or faxing prescriptions directly to the pharmacy.

STEP 7 - SPECIAL INSTRUCTIONS

Please include any special instructions regarding your order:

PLEASE READ, SIGN, & DATE

I certify that the information provided on this form is correct and authorize the release of all information to Homescripts, I authorize my provider to send my prescription(s) to Homescripts, I authorize my provider to consult with a Homescripts pharmacist regarding any medication related concerns, and I AUTHORIZE HOMESCRIPTS PHARMACY TO SUBSTITUTE ANY FDA APPROVED GENERIC DRUGS IN ALL CASES WHEN LEGALLY PERMISSIBLE AND CONSISTENT WITH MY PROVIDER'S ORDERS AND MY BENEFIT PLAN.

Printed Name: _____

Signature of Member or Legal Representative: _____ Date: _____

Yes, I would like to receive easy-open, non-safety caps.

Initials: _____

Please email the completed, saved form to
customerservice@homescripts.com
OR fax to (877) 396-5970.