

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 up to 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:

01

OPTION 1

Email. Send completed form to customerservice@homescripts.com.

02

OPTION 2

Phone. Call to enroll at 1-888-239-7690.

03

OPTION 3

Mail. Mail your completed enrollment form to Homescripts.

Easy Refills

You can refill your prescriptions in three simple ways:

01

OPTION 1

Online. Log into Homescripts.com.

02

OPTION 2

Phone. Call us at 1-888-239-7690. You can leave a message without having to wait to speak with someone.

03

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: _____

FRM015294EO00

(turn over to complete)

DOR0117



Toll free: 1-888-239-7690
TTY: Please dial 711 for phone relay assistance



Customer Service Hours:
M-F 8am - 8pm EST, Sat 10am - 2pm EST

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 - NEW PRESCRIPTION(S) 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:

STEP 8 - 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 of 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.



Toll free: 1-888-239-7690
TTY: Please dial 711 for phone relay assistance



Customer Service Hours:
M-F 8am - 8pm EST, Sat 10am - 2pm EST