

HAP Home Delivery Pharmacy Information & Order Form



1191 South Blvd. E
Rochester Hills, MI 48307
office 800.456.2112
fax 888.400.0109
www.PharmacyAdvantageRx.com



Dear Patient:

Pharmacy Advantage is one of the most respected specialty and mail order pharmacies in the healthcare industry. Patient safety, satisfaction, and high quality of service are our main priorities. Our clinical team provides a range of care and support, from financial assistance to disease specific counseling.

By enrolling at Pharmacy Advantage, you will have access to all of our programs. You may also be eligible to receive a 90-day supply of your prescription to help cut down copay costs. Plus, all deliveries are free of charge!

With this letter, you will find the following information:

- A list of Frequently Asked Questions and answers
- A Pharmacy Advantage enrollment form

You can enroll at our pharmacy three different ways:

- Complete the attached enrollment form and mail it back
- Register an account on www.PharmacyAdvantageRX.com
- Call 1-800-456-2112 to speak to a pharmacy representative

Thank you for giving us the opportunity to care for all of your prescription needs.



Sweta Patel,
PharmD, CSP

Manager

Clinical Pharmacy
Services



Michael Nasif,
RPh

Supervisor

Specialty Pharmacy
Operations

Frequently Asked Questions

Q. What is Pharmacy Advantage Home Delivery Program?

- A.** The home delivery program allows members to have their prescriptions delivered to their home, office, or preferred location.

Q. How much does delivery cost?

- A.** There is no cost for any deliveries from Pharmacy Advantage. You are only responsible for your copay.

Q. How will I receive my medications? How long does it take?

- A.** Mail order prescriptions are delivered through the United States Postal Services. Specialty prescriptions may be sent by FedEx or a private driver.

Most orders are delivered within 5 business days.

Q. How do I pay for my copay?

- A.** Copays can be paid by a credit or debit card. We also accept health care flexible spending account cards.

If you do not have a credit or debit card, you will receive a monthly billing statement.

Q. Can I manage my prescriptions online?

- A.** Yes, you can manage all your Pharmacy Advantage prescriptions online by logging onto: www.PharmacyAdvantageRx.com

Please Note: You will need to have filled your medications with Pharmacy Advantage before you can manage them online.

Q. What should I do when I need a refill?

- A.** You can request a refill in 3 ways:
1. Log onto www.PharmacyAdvantageRx.com
 2. Call 1-800-456-2112 to use our automated refill system
 3. Register on our Pharmacy Advantage RX mobile app from the App store (for Apple products) or Google Play (all Android products).

Q. What if I need additional medication to cover me until I receive my prescription?

- A.** You can request a 30 day prescription from your doctor to fill at any local Henry Ford pharmacy.

Q. What other benefits are there to using Pharmacy Advantage?

- A.** Pharmacy Advantage offers the following services that go above and beyond what you will find at a typical retail chain:
- Free prescription delivery to your home or office
 - Financial Assistance
 - Clinical counseling and educational support programs
 - Refill reminders
 - Hard to find medications
 - Complementary starter kits and supplies
 - 24/7 Customer Service Call Center

Enrollment Form

Please complete this form and mail to:

Pharmacy Advantage
1191 South Blvd. E
Rochester Hills, MI 48307

Patient Information

Name:	Date of Birth:	
Shipping Address:	Suite:	
City:	State:	Zip Code:
Preferred Phone:	Alternative Phone:	
Allergies:		

All copays and charges will be billed to the above address.

If you would like to sign up for automatic payments, please contact 1-800-456-2112 Option #4

Insurance Information

Please select all that apply:	<input type="checkbox"/> Medicare A	<input type="checkbox"/> Medicare B	<input type="checkbox"/> Medicare D
Cardholder Name:	Patient Name:		
Insurance Plan:	ID Number:		
RX Group:	RX Bin:	RX PCN:	
Relationship of Patient to Cardholder:			

Secondary Insurance Information

Cardholder Name:	Patient Name:	
Insurance Plan:	ID Number:	
RX Group:	RX Bin:	RX PCN:
Relationship of Patient to Cardholder:		

Prescription Transfers (If Applicable)

Prescription Number	Medication	Pharmacy Name	Pharmacy Phone Number
Example: 6144225	Lipitor 40mg	ABC Pharmacy of Michigan	(248) - 111 - 1111

***Please attach all new prescriptions to this document if applicable**

*This document and any attachments are intended for the use of the addressee named above. This form contains confidential information. If you are not the intended recipient, any distribution or copying is prohibited. If you received this document in error, please contact Pharmacy Advantage by phone or fax immediately. Pharmacy Advantage fax machines are secure and in compliance with HIPAA privacy standards. **HFH**