Instructions for Sav-Rx Mail Order Prescriptions

1. Complete the information below.
2. Enclose prescription with doctor information including phone number.
3. Enclose check or credit card information.
4. Sign and date the authorization.

Member Name | Cardholder ID# | DOB | Group Name & Number (If applicable)

Shipping Address | City | State | Zip | Daytime Phone | Evening Phone | E-mail Address

Patient Name (If prescription is for other than cardholder) | If we have a question, how do we contact you?

Check One ☐ ☐ ☐ My Card Expires Month ☐☐ Year ☐☐

Charge my Credit Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Cardholder Signature

To avoid delays, it is strongly recommended that a credit card be used. Credit Card orders are processed within 24 hours - Checks can take several days. If you are sending a check be sure to include the appropriate amount and write the refill number(s) on the check.

New Prescriptions

- Fill out the information on the other side.
- Put information and new prescription from your doctor in the envelope provided.
- Include Credit Card information or payment.

Refills

- Fill out the information on the other side.
- Fill in the refill number and drug name to the right.
- Include Credit Card information or payment.

If you have questions call Customer Service
800-228-3108
www.savrx.com to contact us for Price Quotes

REFILL INFORMATION HERE

Refill # _____

Drug Name _____

Refill # _____

Drug Name _____

Refill # _____

Drug Name _____

Sav-Rx Mail Order Policy:

Pre-payment is required on all orders. If you need pricing prior to submitting your order please call 1-800-228-3108.

Every prescription that is received in our facility is considered an order and will be processed and mailed as such. Orders placed cannot be stopped or returned.

IMPORTANT

Do you want a generic if one is available?

☐ Yes ☐ No ☑ (Check one)

(We will automatically send the generic if unmarked. You may be charged more if you elect to receive a brand when a generic is available. Not all drugs have a generic available.)