



Mail form to:

Martin's Point Mail-Order Pharmacy
PO Box 9746
Portland, ME 04104
Phone: 1-800-707-9853 (TTY: 711)

Please fill in current delivery address:

Name _____

Street _____

City _____ State _____ Zip _____

Daytime Telephone (____) _____

Please copy the following information
from your ID card:

Patient Name

Date of Birth

Please list any allergies you may have.

Please list any illnesses, medications you are currently taking, and any other comments you would like to make.

To our valued mail-order pharmacy patients:

Please make sure the address you use is your mailing address. If you are expecting your medications in the mail and you may be away, please have a friend or neighbor check your mail for you.

Payment:

☐ Check or Money Order

Amount enclosed: \$ _____

☐ MasterCard

☐ Visa

☐ Discover

Expiration Date (month/year): _____

Credit Card Number

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Signature: _____

Please fill out the following:

NAME OF MEDICATION	FILL NOW	PLACE ON FILE

- Please allow 14 days for your medication to reach you.
- Some liquids, refrigerated items, and controlled substances cannot be mailed.
- Remember to allow your prescription eye and/or ear drops and any oral/nasal inhalers to adjust to room temperature before use.
- If NO authorized refills remain on your prescription, we will contact your provider and mail your prescriptions once authorization is obtained.

- Remember: payment is due at the time of service, so please enclose copayments. *You can find copayment amount by medication tier at **MartinsPoint.org/Pharmacy** or call Member Services at **1-888-674-8734 (TTY: 711)**.*
- Make checks payable to Martin's Point Pharmacy.