Mail Order Switch Form

Welcome to Integrated Home Mail Order (IHMO) Pharmacy! Follow the five steps on this form to switch any existing prescriptions that have remaining refills from your current pharmacy to IHMO Pharmacy.

A separate form must be filled out for each member of your household that needs to switch pharmacies. Processing this switch may take up to 30 days, so make sure you have enough of your current medication(s). If you'd like to fill a 'new' mail order prescription or if you have any questions, call 1 (800) 633-7928 or email ihmo@pti-nps.com.

1: Provide your background information

Plan Information

Employer Name	Plan ID Number	Group Number (if Known)

Patient Information

☐ Please, no child-proof caps

First Name	Last Name

Birthday	Sex	Email*

**IHMO Pharmacy may communicate with you via email if you provide a valid email address. We value your privacy. Your personal information will be kept confidential and will never be sold to third parties. It will only be used for communications you request related to the services provided by IHMO Pharmacy.*

Shipping Information

☐ Check this box if this is a change of address

Street Address	Apt. or Suite	City

State	ZIP Code	Home Phone Number	Work Phone Number

Allergies

- ☐ Aspirin
- ☐ Penicillin
- ☐ Codeine
- ☐ Sulfonamides
- ☐ None
- ☐ Other: ____________

Health Conditions *(to monitor drug/disease interactions)*

- ☐ Arthritis
- ☐ Diabetes
- ☐ Glaucoma
- ☐ Heart Condition
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Intestinal Disorder(s)
- ☐ Lung Condition
- ☐ Thyroid
- ☐ Other: ____________

2: Provide your prescription information

Prescription #1

☐ Switch and hold *(you must contact IHMO Pharmacy to refill later)*

Medication Name/Strength	Prescription Number	Pharmacy Name and Phone

Prescriber (Doctor) Name	Prescriber Phone	Prescriber Address

Prescription #2

☐ Switch and hold *(you must contact IHMO Pharmacy to refill later)*

Medication Name/Strength	Prescription Number	Pharmacy Name and Phone

Prescriber (Doctor) Name	Prescriber Phone	Prescriber Address

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2: Provide your prescription information *(cont.)*

Prescription #3 ☐ Switch and hold *(you must contact IHMO Pharmacy to refill later)*

Medication Name/Strength	Prescription Number	Pharmacy Name and Phone

Prescriber (Doctor) Name	Prescriber Phone	Prescriber Address

Prescription #4 ☐ Switch and hold *(you must contact IHMO Pharmacy to refill later)*

Medication Name/Strength	Prescription Number	Pharmacy Name and Phone

Prescriber (Doctor) Name	Prescriber Phone	Prescriber Address

3: Provide your payment information

Payment Information

VISA, MasterCard, and Discover are accepted. You may also pay with a check, cashier's check, or money order. However, IHMO must receive your copayment before shipping any order. If you choose to use a credit or debit card, IHMO Pharmacy can keep your information on file for your purchases.

☐ Credit Card
☐ Debit/Bank Card

☐ Authorize this card for all future payments
☐ Call me to authorize this card before filling each order

I understand that all copayments and/or prescription costs for products purchased through Integrated HMO Pharmacy will be charged to the card provided on this form. I also understand by signing this form that prescription medications cannot be returned to the pharmacy for credit unless in response to a recall, defect in a medical device, or otherwise pre-approved by the pharmacy. A return of medication for any reason shall result in its immediate destruction and shall not be available for credit. →

Card Number	Expiration Date

Name as it Appears on the Card

Billing Address

Signature of Cardholder	Date

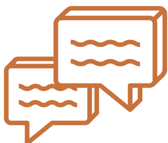
4: Check your work

Make sure the information on this form is correct. This information will remain private, and will be used to pay for your prescriptions.

5: Submit this form

Either fax the form to **1 (800) 801-2395** or mail the form to:

Integrated HMO Pharmacy
PO Box 369
Boys Town, NE 68010



If you ever have a question about your medications, shipments, or billing, IHMO Pharmacy's U.S.-based support specialists and pharmacists are available by phone.

Call 1 (800) 633-7928 TTY: (866) 706-4757