



# Pharmacy Registration

**Instructions:** Fill out this form completely. If filling this out by hand, print legibly using black ink only. Use a separate sheet for each patient.

**Mail form to:** Mayo Clinic Pharmacy Mail Service  
RO\_TF\_1-300  
200 First Street SW, Rochester, MN 55905

**Or fax form to:** 507-284-5824

**If you have questions about completing this form, call Mayo Clinic Pharmacy Mail Service at 507-284-4041 or toll-free at 1-800-445-6326.**

## Patient Information

Patient Name (First Middle Last)		Birth Date (mm-dd-yyyy)	
Legal Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Unknown		Mayo Clinic Number (if available)	
Shipping Address	City	State	ZIP Code
Medication Allergies			
Medical Conditions			
Email (for notification)		Contact Phone	
Other Medications You are Taking			

## Insurance and Subscriber Information

Primary Insurance Company Name			Secondary Insurance Company Name/Manufacturer Coupon		
Subscriber/Identification Number			Subscriber/Identification Number		
RxBin	RxPCN	RxGroup	RxBin	RxPCN	RxGroup
Subscriber Relationship to Patient <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:					

## Approval Signature I accept the terms and conditions. See page 2.

Signature (required) ▶	Date (mm-dd-yyyy)
---------------------------	-------------------

## Payment Information

FSA or HSA <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express	Card Number	
Cardholder Name (print name as it appears on card)		Expiration Date (mm-dd-yyyy)	CVV
Cardholder Signature ▶		Date (mm-dd-yyyy)	

# Pharmacy Registration (continued)

## **Read: Important information about mail service terms and conditions**

- **Allow 7–10 business days for delivery.** Incomplete information may cause delivery to be delayed beyond 10 days.
- No shipping or handling charges apply to orders shipped via U.S. Mail. Overnight shipping is available; charges will apply.
- Mail Service is appropriate for long-term maintenance prescription drugs. Prescriptions for medications that are needed immediately and/or for a one-time treatment (such as an antibiotic for an infection) should be filled at your local pharmacy.
- If you have a Mail Service Registration form on file, prescriptions for you received by the Mail Service will be automatically processed and shipped according to your registration information.
- When a prescription medication is available as a generic, the generic will be dispensed unless otherwise designated by the prescriber. Some medications are available only as a brand name.
- By law, Mayo Clinic Pharmacy cannot accept returns of prescription medications for credit or reuse.
- You must have a valid credit card (Visa, MasterCard, Discover, or American Express only).
- New prescriptions or approval for additional refills that are faxed must be sent by the prescriber and cannot be faxed by a patient.
- **If you wish to estimate your pharmacy copayment before placing an order,** contact your pharmacy benefit manager as indicated on your membership card.