

## Convenience

- > After you enroll in our service, your doctor easily can send new prescription orders for you by phone, mail, fax, or ePrescribe. When the mail order pharmacy gets a prescription directly from your doctor, you will be called first to confirm that you want the drug(s).
- > Our pharmacy team members will contact you for refill reminders.
- > You can receive up to a 90-day supply of drugs.
- > For any questions or concerns about your drugs, you can speak to one of our pharmacists by phone or email at Homescripts.com.



### Customer Service Center

Toll-free: 1.888.239.7690



### Hours of Operation

Weekdays: 8 a.m.–8 p.m. EST  
Saturday: 10 a.m.–2 p.m. EST



### Mailing Address

500 Kirts Blvd., Suite 300  
Troy, MI 48084

Homescripts is a mail order pharmacy that offers prescription drugs sent safely to your home. If you have one or more prescriptions for maintenance or long-term conditions like high blood pressure, arthritis, diabetes, or depression, our mail service may be right for you. Our high quality and nocost delivery make it easy to get your maintenance drugs through the mail. Homescripts also helps reduce trips to your retail pharmacy.

## Packaged for Safety

Our pharmacists process all mail service prescriptions and mail your drugs in plain, tamper-proof packages. Refrigerated drugs arrive in a temperature-safe package.

## Enroll Today

Complete enrollment using one of the options below:

- 1 Option 1**  
Email. Send completed form to [customerservice@homescripts.com](mailto:customerservice@homescripts.com).
- 2 Option 2**  
Phone. Call to enroll at 1.888.239.7690.
- 3 Option 3**  
Mail. Mail your completed enrollment form to Homescripts.

## Easy Refills

You can refill your prescriptions in three simple ways:

- 1 Option 1**  
Online. Log into [Homescripts.com](https://homescripts.com).
- 2 Option 2**  
Phone. Call us at 1.888.239.7690. You can leave a message without having to wait to speak with someone.
- 3 Option 3**  
Mail. Mail your completed consent form that comes with every package.

## Member Enrollment Form

### STEP 1 - PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \* \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Allergies:  None  Aspirin  Codeine  Iodine  Penicillin  Sulfa Other: \_\_\_\_\_

Health Condition(s):  Thyroid  Diabetes  Arthritis  Heart Conditions  High Blood Pressure

Asthma  High Cholesterol Other: \_\_\_\_\_

\*By providing your email address, you consent to receive email notifications regarding your prescription benefits, as well as other information on behalf of Homescripts and Envolve Pharmacy Solutions. You may opt out of this email service at any time by contacting us or following the opt-out instructions included in each email you receive.

### STEP 2 - HEALTHCARE PRACTITIONER INFORMATION

Name (Printed): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Office Location: \_\_\_\_\_

### STEP 3 - PRESCRIPTION INSURANCE INFORMATION

Policyholder (if different than above): \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Cardholder ID #: \_\_\_\_\_ Rx Group: \_\_\_\_\_

Rx BIN #: \_\_\_\_\_ PCN/Plan Code: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

### STEP 4 - PAYMENT INFORMATION

Credit Card Type:  Visa  Mastercard  Discover  Amex

Use this card for future orders?  Yes  No

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Is this an FSA card?  Yes  No

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

## Member Enrollment Form

### STEP 5 - MEDICATION HISTORY

Please list all prescription and over-the-counter medications you are currently taking.

Medication Name	Strength

Medication Name	Strength

### STEP 6 - PRESCRIPTION INFORMATION

**1**

**Send Prescriptions  
by Mail to:**

Homescripts Pharmacy  
Attn: New Member Enrollment  
500 Kirts Blvd., Suite 300  
Troy, MI 48084

OR

**2**

**Ask Your Provider to  
Call or Fax Prescriptions to:**

Homescripts Pharmacy  
Attn: New Member Enrollment  
500 Kirts Blvd., Suite 300 | Troy, MI 48084  
Phone: (888) 239-7690 | TTY: Please dial 711 **OR**  
Fax to: (877) 396-5970

Law prohibits patients from emailing or faxing prescriptions directly to the pharmacy.

### STEP 7 - SPECIAL INSTRUCTIONS

Please include any special instructions regarding your order:

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### PLEASE READ, SIGN, & DATE

I certify that the information provided on this form is correct and authorize the release of all information to Homescripts, I authorize my provider to send my prescription(s) to Homescripts, I authorize my provider to consult with a Homescripts pharmacist regarding any medication related concerns, and I AUTHORIZE HOMESCRIPTS PHARMACY TO SUBSTITUTE ANY FDA APPROVED GENERIC DRUGS IN ALL CASES WHEN LEGALLY PERMISSIBLE AND CONSISTENT WITH MY PROVIDER’S ORDERS AND MY BENEFIT PLAN.

Printed Name: \_\_\_\_\_

Signature of Member or Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Yes, I would like to receive easy-open, non-safety caps.

Initials: \_\_\_\_\_

Please email the completed, saved form to  
customerservice@homescripts.com  
OR fax to (877) 396-5970.