



Mail form to:

Martin's Point Mail-Order Pharmacy
 PO Box 9746
 Portland, ME 04104

Phone: 1-800-707-9853

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 <https://tricare.martinspoint.org/Prescriptions-and-Pharmacies/Important-Pharmacy-Information> or call Member Services at 1-888-674-8734.*
- Make checks payable to Martin's Point Pharmacy.