

Cumberland County Employee Health Services

New Pharmacy Patient Information

Name: _____

Address: _____

Work Phone: _____ Home Number: _____

Date of Birth: _____

Current Pharmacy: _____ Pharmacy Phone Number: _____

Medications to be Transferred

1. _____ Doctor _____
2. _____ Doctor _____
3. _____ Doctor _____
4. _____ Doctor _____
5. _____ Doctor _____
6. _____ Doctor _____
7. _____ Doctor _____
8. _____ Doctor _____
9. _____ Doctor _____
10. _____ Doctor _____

Cumberland County Blue Cross Blue Shield: Yes No

Please be specific and note the location if you use a big chain pharmacy. Example (CVS Legion Rd, Walgreens Ramsey St, Wal-Mart Hope Mills, etc..)

All employees, with or without insurance other than the county plan, may use the pharmacy, but they must pay for the **cost** of the medication. The pharmacy will not file claims with other insurance companies.

You may drop this form off in person to the pharmacy. Do not mail or send through interoffice courier.

You must bring in new written prescriptions. NC Pharmacy law prohibits faxing new prescriptions unless it comes directly from a physician's office.