PRESCRIPTION TRANSFER REQUEST

Samaritan Pharmacy Services

For your convenience, you can have all your prescriptions transferred to Samaritan Pharmacy Services for mail order delivery. Just complete this form and fax or mail to Samaritan Pharmacy Services. We will contact the pharmacies you have listed below and have the prescriptions transferred. Please allow 72 hours for the transfers to take place.

MAILING ADDRESS: Samaritan Pharmacy Services, 3521 NW Samaritan Drive, Suite 202, Corvallis, OR 97330
FAX #: Samaritan Pharmacy Services, (541) 768-5226
Customer Care Center: (541) 768-5225, toll free 1-866-374-7245.

MEMBER INFORMATION

ID Number (located on ID card)

Group Number			Date of Birth (Mo/Day/Yr) / /
Name (First, Last)			
Address			Daytime Phone ( )
City	State	Zip Code	Evening Phone ( )

PATIENT INFORMATION

Patient Name (First, Last, if different from above)	☐ Male ☐ Female	Patient Date of Birth (Mo/Day/Yr) / /

PRESCRIPTIONS TO BE TRANSFERRED

Rx #: ____ Pharmacy Name: ____ Location: ____ Phone: ____
Medication: Prescribing Dr.: Dr.'s Phone:

Rx #: ____ Pharmacy Name: ____ Location: ____ Phone: ____
Medication: Prescribing Dr.: Dr.'s Phone:

Rx #: ____ Pharmacy Name: ____ Location: ____ Phone: ____
Medication: Prescribing Dr.: Dr.'s Phone:

Rx #: ____ Pharmacy Name: ____ Location: ____ Phone: ____
Medication: Prescribing Dr.: Dr.'s Phone:

Rx #: ____ Pharmacy Name: ____ Location: ____ Phone: ____
Medication: Prescribing Dr.: Dr.'s Phone:

Rx #: ____ Pharmacy Name: ____ Location: ____ Phone: ____
Medication: Prescribing Dr.: Dr.'s Phone:

Rx #: ____ Pharmacy Name: ____ Location: ____ Phone: ____
Medication: Prescribing Dr.: Dr.'s Phone:

Rx #: ____ Pharmacy Name: ____ Location: ____ Phone: ____
Medication: Prescribing Dr.: Dr.'s Phone:

Rx #: ____ Pharmacy Name: ____ Location: ____ Phone: ____
Medication: Prescribing Dr.: Dr.'s Phone:

PLEASE NOTE: By submitting this form, you have authorized release of all information to Samaritan Pharmacy Services (and other necessary parties) as required to process your prescriptions and their refills under your benefit plan.