Kelsey Pharmacy Mail Order Service

KelseyCare Advantage Mail Order Form

Hours of Operation:
8:00 a.m. to 7:00 p.m. Mon - Fri (CST)
9:00 a.m. to 2:00 p.m. Sat (CST)

Kelsey Pharmacy Mail Order Services
8900 Lakes at 610 Dr., Houston, TX. 77054

Call us:
713-442-4990 • 1-866-609-1631 • TTY/TDD 713-442-4952

Member Information

Member ID

Date of Birth M M / D D / Y Y Y Y

Daytime Telephone Number - -

Last Name

First Name

MI

Permanent Address

City

State

ZIP Code

Gender:
- ☐ Male
- ☐ Female

E-mail Address

Drug Allergies:

☐ None ☐ Codeine ☐ Iodine ☐ Penicillin
☐ Aspirin ☐ Erythromycin ☐ Peanuts ☐ Sulfa
☐ Other _____

Health Conditions:

☐ Arthritis ☐ Diabetes ☐ Glaucoma ☐ High Blood Pressure ☐ Hypertension
☐ Asthma ☐ Depression ☐ Heart Condition ☐ High Cholesterol ☐ Thyroid-Low/High
☐ Other _____

☐ List diabetic supplies _____

Would you prefer:
Snap-on Cap ☐ Y ☐ N Label in Spanish ☐ Y ☐ N

Prescription Order Form For New Participant

Please write the Member ID number on the back of each prescription and **remember to include the prescription from the prescriber in the envelope.**

Credit Card

Provide the credit card number and expiration date. We accept American Express, Discover, MC, and Visa.

Credit Card Number

Expiration Date M M / Y Y

Name as it appears on card _____

Signature _____ Date_____

Check or Money Order

Make check or money order payable to Kelsey Pharmacy Mail Order. **Do not send cash.**

Please Read and Sign to Complete Order

I certify that the information provided on this form is correct and I authorize the release of all information to the Plan Sponsor.

Signature _____ Date_____

Total Amount Enclosed
$.