



Mail Order Form Instructions

Easy Mail Order Steps:

- 1) Complete the *Patient Profile and Mail Order Form*. Be sure to fill it out completely and sign and date the form. If the form is not signed and dated we cannot complete your order.
- 2) Mail the original completed, signed and dated *Patient Profile and Mail Order Form* **WITH** the original prescription(s) **AND** form of payment to:

Kmart Pharmacy #7071
500 Atlantic Boulevard
Neptune Beach, FL 32266

- 3) You will receive your prescriptions within ten (10) business days of your original order. Your prescriptions will be filled within 48 hours of our receipt of your order and will be delivered to you by First Class Mail or United Parcel Service.
- 4) Failure to provide the original *Patient Profile and Mail Order Form* and/or original prescription(s) will result in delays of your order pending receipt of original documents.

PSEUDOEPHEDRINE, CONTROLLED SUBSTANCES AND MEDICAID:

Kmart Pharmacy does not fill online mail orders for ephedrine or pseudoephedrine products, nor does it fill online mail orders for controlled substances or for prescriptions covered under Medicaid.

PHARMACIST CONSULTATIONS:

The pharmacist may be contacted by calling 800-797-7979 between the hours of 10:00 a.m. and 6:00 p.m., Monday through Friday. If you are calling after these hours you may leave a voice message at this number which will be returned the morning of the next business day the pharmacy is open. If your call is urgent, please contact your prescribing physician or, in the event of an emergency call 911.

IMPORTANT NOTE:

Kmart Pharmacy is licensed to ship prescription medication mail orders to the following states: Alabama, California, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Kansas, Maryland, Michigan, Minnesota, Missouri, Mississippi, Montana, North Carolina, North Dakota, New Hampshire, New Jersey, New Mexico, Nevada, New York, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Texas, Vermont, Washington, Wisconsin, West Virginia, Wyoming and Washington DC.

Kmart Pharmacy will NOT ship prescription medication mail orders to states in which it is not licensed to do so.

Kmart Pharmacy will NOT ship orders for medications that require refrigeration.



Patient Profile and Mail Order Form

PATIENT INFORMATION

Patient Name _____		Last _____		First _____		M.I. _____	
Date of Birth _____	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female				
Address _____	City _____	State _____	Zip _____				
Daytime Phone # (_____) _____	Home Phone # (_____) _____						
Email: _____							
Alternate/Emergency Contact: _____						Phone: _____	

MEDICAL INFORMATION

Prescriber's Name _____	Phone # (_____) _____				
Drug Allergies (check all that apply):	<input type="checkbox"/> None	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Codeine	<input type="checkbox"/> Sulfa	<input type="checkbox"/> Aspirin
<input type="checkbox"/> Other _____					
PLEASE LIST ALL CURRENT MEDICAL CONDITIONS, DISEASES AND DIAGNOSES:					

PLEASE LIST ALL OTHER MEDICATIONS (PRESCRIPTION AND OVER-THE-COUNTER) AND HERBAL SUPPLEMENTS YOU ARE CURRENTLY TAKING:					

**Please note child proof caps are used on all prescription bottles for safety in shipping.					

INSURANCE INFORMATION

Cardholder Name: _____	Phone # (_____) _____		
Company/Organization Name _____	Phone # (_____) _____		
Patient ID # _____	Group # (if applicable) _____		
Relationship to Cardholder :	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Other: _____



Patient Profile and Mail Order Form (Cont'd)

PAYMENT INFORMATION

Sears Card Sears Solutions Card MasterCard Visa Discover AMEX Check/Money Order

Credit Card # _____ Exp. Date _____

CVV/CVC # (from back of card) _____ Total Amount Enclosed \$ _____

Total Number of Prescriptions Enclosed _____ ShopYourWay Rewards Number: _____

ACKNOWLEDGEMENTS AND SIGNATURE

- (initial)_____ I understand that Kmart Pharmacy does not ship any orders for ephedrine/pseudoephedrine containing products
- (initial)_____ I understand that Kmart Pharmacy does not ship any orders for controlled substances
- (initial)_____ I understand that Kmart Pharmacy does not ship any orders for prescriptions covered under Medicaid
- (initial)_____ I authorize Kmart Pharmacy to substitute generic drugs in all cases legally permissible in accordance with applicable laws Yes No
- (initial)_____ I authorize Kmart Pharmacy to place the attached prescription(s) on automatic refill (if applicable)

I certify that the information provided on this form is true and correct and I authorize the release of all relevant information to the plan administrator.

SIGNATURE

DATE

Mail original completed and signed form with original prescription(s) to:

Kmart Pharmacy #7071
500 Atlantic Boulevard
Neptune Beach, FL 32266

If you have any questions please call 800-797-7979 Monday through Friday between 10:00 a.m. and 6:00 p.m.
If you need immediate assistance outside these hours please call your prescribing physician.
For medical emergencies, please call 911 immediately.

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