

ILLINOIS STATE UNIVERSITY
STUDENT HEALTH SERVICES PHARMACY
CAMPUS BOX 2540
NORMAL, ILLINOIS 61790-2540
Telephone: (309) 438-8713 FAX: (309) 438-7569

Website: HealthServices.Illinoisstate.edu/Pharmacy

Email: Pharmacy@illinoisstate.edu

PHARMACY INFORMATION FOR PRESCRIPTION INSURANCE CARDS

Please complete this form only if you have a prescription insurance card. We accept cards from most of the major insurance plans. You can call the member service phone number on your prescription card to see if our pharmacy (NCPDP number- 1461033) is a provider for your insurance card.

STUDENT INFORMATION

Name _____ Date of Birth _____

University Identification Number (UID#) _____ Sex _____

Relationship to cardholder (spouse, child, other) _____ Student Phone () _____

I hereby authorize the Student Health Services Pharmacy to send Prescription Ready (Rx Ready) and/or additional pharmacy related text messages to my phone.

Phone/Cellular () _____

Cardholder INFORMATION

Name _____ ID# on card _____

Rx BIN# _____ RX PCN# _____ Rx Group _____

STUDENT HEALTH INFORMATION:

LIST ANY MEDICATIONS ALLERGIES

LIST ANY MEDICAL CONDITIONS

(asthma, diabetes, ulcer, migraines, pregnancy, high blood pressure, depression, etc.)

LIST ANY MEDICATIONS YOU ARE TAKING (include over-the-counter and oral contraceptives)

When you return this form, please attach a copy of both sides of the **Prescription Drug Insurance Card** (not Health Insurance Card).