

McLeod

Choice Pharmacy

FLORENCE LOCATION

EMPLOYEE PRESCRIPTION DELIVERY ENROLLMENT

☐ Site Delivery

Location: _____

Site Delivery is available to the following locations: Cheraw, Clarendon, Dillon, Florence Enterprise Drive, Loris, and Seacoast. Prescriptions processed for site delivery will be automatically sent the following delivery day. All controlled substances sent to sites will require a government-issued photo ID to pick up.

☐ Home Delivery

Home Delivery is available for prescriptions to be delivered to the home through the USPS. All controlled substances will be sent via Certified Mail and require a signature upon delivery. Refrigerated prescriptions need to be picked up locally or sent as a Site Delivery. Contact the home delivery technician with questions. You will be contacted each time prior to mailing prescriptions unless you specify you prefer automatic delivery by checking this box. ☐

OR

Employee Information:

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: _____
DOB: _____ Medication Allergies: _____
Email: _____ Preferred Contact Number: _____
Mailing Address: _____ Work Location: _____
Work Number: _____

Dependent Information:

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: _____
DOB: _____ Relationship: _____ Allergies: _____
Last Name: _____ First Name: _____ Middle Initial: _____ Gender: _____
DOB: _____ Relationship: _____ Allergies: _____
Last Name: _____ First Name: _____ Middle Initial: _____ Gender: _____
DOB: _____ Relationship: _____ Allergies: _____
Last Name: _____ First Name: _____ Middle Initial: _____ Gender: _____
DOB: _____ Relationship: _____ Allergies: _____

Insurance Information:

Insurance Name: _____ ID#: _____
BIN: _____ PCN: _____ Group: _____

Payment Information:

Method of Payment: ☐ CREDIT CARD ☐ FSA ☐ PAYROLL DEDUCT Employee ID# _____

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

By signing below, I authorize McLeod Choice Pharmacy to charge the credit/FSA card listed or payroll deduct for prescriptions prior to delivery. I understand that Payroll Deduction Enrollment must be completed with HR.

Authorized Signature: _____ Date: _____

Fax Completed Form to: 843-777-2187 For questions, please call the delivery technician directly at 843-777-3864.