

## Bristol Health Employee Pharmacy Information Sheet

*Please note this benefit is only available to employees and immediate family members covered under a Bristol Health medical plan (POS or High Deductible Health Plan)*

Welcome. This information is required prior to dispensing prescriptions through this benefit.

EMPLOYEE FULL NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ ACCEPT TEXT MESSAGES - Y N

CELL PHONE \_\_\_\_\_ ACCEPT TEXT MESSAGES - Y N

EMAIL \_\_\_\_\_

ALLERGIES TO MEDICATIONS \_\_\_\_\_

EMPLOYEE ID NUMBER \_\_\_\_\_

AETNA INSURANCE ID NUMBER \_\_\_\_\_

NAME OF PRIMARY CARE PHYSICIAN \_\_\_\_\_

ADDITIONAL FAMILY MEMBERS *(covered by Bristol Health medical plan)*:

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL FAMILY MEMBER AUTHORIZED TO PICK UP PRESCRIPTIONS:

NAME: \_\_\_\_\_

**REMINDER:** Prescriptions for 90 day supply of maintenance medications on the Aetna drug formulary can be obtained through this benefit. Processing requires 72 hours to obtain medication and verify eligibility. Prescriptions for immediate need should be brought to your local pharmacy.

**PLEASE DROP OFF THIS COMPLETED FORM AT THE PHARMACY LOCATED ON LEVEL B**