Dartmouth-Hitchcock Pharmacy
Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756
Phone (855) 280-3893
Fax: (855) 302-4715

Dartmouth-Hitchcock Pharmacy at Centerra
12 Centerra Pkwy Ste 10
Lebanon, NH 03766
Phone (855) 280-3893
Fax: (844) 771-0163

Dartmouth-Hitchcock.org

Mail Order Agreement

I hereby authorize D-HH Retail & Specialty Pharmacy Services to ship prescription refills using the credit card information, preferred method of delivery, and mailing address on file for myself and any family members I choose to enroll. I understand the pharmacy will not contact me for prescription refill copays totaling less than $500.00 with exception of specialty medications.

I understand and accept the risks of having medications sent via mail. I acknowledge D-HH Retail & Specialty Pharmacy representatives will work with me and my insurance plan to replace damaged or lost medications.

I understand I am solely responsible for informing D-HH Retail & Specialty Pharmacy representatives of any changes regarding payment method or mailing address prior to order completion or to request a shipment be held for pick up.

By providing an email address, I allow D-HH Retail & Specialty Pharmacy Services to email tracking information for each shipment sent.

I understand if I request deliveries to multiple addresses, I am responsible for specifying the address at the time of refill by speaking with a D-HH Retail & Specialty Pharmacy representative. Otherwise, each order will be shipped to the designated default address.

I understand new prescriptions or changes to existing prescriptions will require a D-HH Retail & Specialty Pharmacy representative to speak with the prescription holder or their designated representative prior to shipping. If the D-HH Retail & Specialty Pharmacy representative is unable to make contact within 10 days, the prescription will not be processed and will not be shipped. The prescription will remain "on hold" until contact is made.

Automatic Refill

☐ Opt in	By checking "opt in" I agree to have prescriptions enrolled in automatic refill programs. D-HH Retail & Specialty Pharmacy Services does not offer automatic refill programs for Specialty, Controlled, As Needed prescriptions, or prescriptions paid for by Medicare Part B or Medicaid.

Name of Authorizing Party: DOB:

Email:

Additional Enrollee: DOB:

Email:

Additional Enrollee: DOB:

Email:

Default Mailing Address (Call pharmacy to update)	Secondary Mailing Address (Optional)

Primary Card Info: Last 4 digits:	HSA/FSA? ☐
Secondary Card Info: (Optional) Last 4 digits:	HSA/FSA? ☐

Shipment Method:

*All refrigerated items will ship FedEx Overnight to a physical address

Only press submit if you cannot scan form into patient's profile **Submit**

Filled out by:

Date completed:

For real time shipping updates, create account with FedEx or USPS to track/manage shipments