

# Transfer your prescriptions

## Welcome to Kaiser Permanente

Please fill out this form for yourself and a separate form for each family member who takes prescription medication(s) two weeks before you need your medication refill(s). You can start this process even before your Kaiser Foundation Health Plan of the Northwest ("Kaiser Permanente") benefits begin, to help with a smooth transition.

Once we get this form, we will contact you and work with your pharmacy to transfer your medications, coordinate refills, and answer questions. We want to help you get the best value.

You can also call us at **503-261-7900** or **1-888-572-7231** (toll free), 8 a.m. to 6 p.m., Monday through Friday.

Kaiser Permanente has a formulary list of medications and supplies covered under your prescription benefit. If your medication is not on the formulary, one of our pharmacists will work with you and your health care team to update your medication to a formulary product. Our health care team uses the formulary to help determine the safest, most effective prescriptions for you.

Group name \_\_\_\_\_ Coverage effective date \_\_\_\_\_

Patient name \_\_\_\_\_

Preferred name \_\_\_\_\_ Gender \_\_\_\_\_

Kaiser Permanente health record number \_\_\_\_\_  
(If you do not have this number, provide the last four digits of your Social Security number and your mother's maiden name.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Date of birth \_\_\_\_\_

Medication allergies and reaction \_\_\_\_\_

MEDICATION RECORD						
Prescription number	Medication/Strength	Directions on prescription label	Reason you take this medication	Pharmacy where last filled	Pharmacy phone	Date refill needed

**Complete and return this form via fax or mail:**

Fax: 1-866-618-6569.

Mail: New Member Pharmacy Services, 5717 NE 138th Ave., Portland, OR 97230-3409.

If you prefer to fill this form out on our secure website, go to [kp.org/newmembers/transferprescription/form](http://kp.org/newmembers/transferprescription/form).

If you have questions, call us at **503-261-7900** or **1-888-572-7231** (toll free), 8 a.m. to 6 p.m., Monday through Friday. For TTY, call **711**. For language interpretation services, call **1-800-324-8010**.

For more information, visit [kp.org/newmember](http://kp.org/newmember).

