

- ☐ Florence Pharmacy
☐ Seacoast Pharmacy

McLeod

Choice Pharmacy

EMPLOYEE PRESCRIPTION DELIVERY ENROLLMENT

☐ Site Delivery: _____ ☐ Home Delivery

Site Delivery is available to the following locations: Cheraw, Clarendon, Dillon, Loris, Seacoast and Carolina Forest. Prescriptions processed for site delivery will be automatically sent with the next scheduled delivery time. All controlled substances sent to sites will require a government-issued photo ID to pick up.

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 will require a signature upon delivery. The home delivery technician will contact you each time prior to mailing prescriptions unless you specify you prefer automatic delivery by checking this box. ☐

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: _____

Insurance Information:

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

Payment Information:

Method of Payment: ☐ CREDIT / FSA CARD ☐ 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.

Authorized Signature: _____ Date: _____

To have your prescription filled at the Florence Pharmacy, Fax Completed Form to: 843-777-2187. For questions, please call delivery technician directly at 843-777-3864.

To have your prescription filled at the Seacoast Pharmacy, Fax Completed Form to: 843-366-3108. For questions, please call delivery technician directly at 843-366-3107.