

ILLINOIS STATE UNIVERSITY  
STUDENT HEALTH SERVICES PHARMACY  
CAMPUS BOX 2540  
NORMAL, ILLINOIS 61790-2540  
Telephone: (309) 438-8713 FAX: (309) 438-7569  
NCPDP- 1461033 Tax ID-37 6014070

***PHARMACY INFORMATION FOR PRESCRIPTION INSURANCE CARDS***

Please complete this form only if you have a prescription insurance card. We accept cards from most of the major insurance plans. You can call the member service phone number on your prescription card to see if our pharmacy (NCPDP number- 1461033) is a provider for your insurance card.

**The Student Health Insurance does not have prescription coverage.**

**STUDENT INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
University Identification Number (UID#) \_\_\_\_\_ Sex (M/F) \_\_\_\_\_  
Relationship to cardholder (spouse, child, other) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Cardholder INFORMATION**

Name \_\_\_\_\_ ID# on card \_\_\_\_\_  
Phone/home ( ) \_\_\_\_\_ Phone/work ( ) \_\_\_\_\_

**STUDENT HEALTH INFORMATION:**

LIST ANY MEDICATIONS ALLERGIES

\_\_\_\_\_  
\_\_\_\_\_

LIST ANY MEDICAL CONDITIONS

(asthma, diabètes, ulcer, migraines, pregnancy, high blood pressure, depression, etc.)

\_\_\_\_\_  
\_\_\_\_\_

LIST ANY MEDICATIONS YOU ARE TAKING (include over-the-counter and oral contraceptives)

\_\_\_\_\_  
\_\_\_\_\_

When you return this form, please attach a copy of both sides of the **Prescription Drug Insurance Card** (not Health Insurance Card).