

ILLINOIS STATE UNIVERSITY
STUDENT HEALTH SERVICE PHARMACY
CAMPUS BOX 2540
NORMAL, ILLINOIS 61790-2540
Telephone: (309) 438-8713 FAX: (309) 438-7569
www.shs.ilstu.edu/Pharmacy
NABP- 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 (NABP number- 1461033) is a provider for your insurance card.

The Student Health Insurance does not have prescription coverage.

STUDENT INFORMATION

Name _____ Date of Birth _____

Social Security # _____ Sex (M/F) _____

Relationship to cardholder (spouse, child, other) _____ Phone () _____

CARDHOLDER INFORMATION

Name _____ I.D. # 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)

If you are returning this form by mail or FAX, send a copy of both sides of the **Prescription Drug Insurance Card** (not Health Insurance Card) with this form.