

Choose Payment Method.

1 □ Credit Card - On file

2 NEW Credit Card

□ American Express[®]

□ MasterCard □ Discover

□ Visa

Credit Card Number

Exp. Date

Signature

Date

3 □ Check Enclosed

Make checks payable to Costco Pharmacy. Please refer to your benefits provider for copay information.

Check Number

Amount \$

4 □ Paying for a Previous Order

Order Number

Choose Shipping Method.

- ☐ Standard Shipping (USPS) FREE

 Total process and delivery time 6-14 business days.
- □ 3-Day Shipping (UPS)* \$10.95

 Total process and delivery time 3-6 business days.
- □ 2-Day Shipping (UPS)* \$13.95

 Total process and delivery time 2-5 business days.
- * UPS will not deliver on weekends and cannot ship to P.O. Boxes.

Thank you for using Costco for all your pharmacy needs.

Ouestions? Call 1-800-607-6861



Mail Order Refills

From Our Pharmacy to Your Mailbox – Faster



Receive your refills as soon as possible using one of the ordering methods below:

1) Reorder by Phone

Call 1-800-607-6861 and select option 1. Use your prescription number(s) with our automated refill line 24/7 to have your order started today.

OR

2) Reorder Online

Visit www.pharmacy.costco.com. Select upgraded shipping methods, view your account online or track your order. We must have your e-mail address in our system to use this service. Questions? Call 1-800-607-6861.

- Save a stamp.
- Reduce processing time.
- Get your refill prescriptions up to three days faster.



OR, Continue to Reorder by Mail:

Use this form and envelope to send us your prescriptions and payment. Please attach an additional sheet if space does not allow.

PLEASE NOTE: Prescriptions will be delivered 6-14 days from the time we receive this form.

Mail Form to: 802 134th St. S.W. Bldg. C, Suite 140 Everett, WA 98204

$\ \square$ Please check here if your patient information has changed.	
Patient Name	
Date of Birth	Phone Number (with area code)
Shipping Address	
City	State ZIP
RX number to refill (Atta	ch additional RX numbers u have multiple refills.)
New RX drug name (Please be sure to include your prescription.)	

See reverse to expedite your order.

