



University Health Services Pharmacy

150 Infirmary Way • Amherst, MA 01003

Phone: 413-577-5031 • Fax: 413-577-5024

PRESCRIPTION INSURANCE INFORMATION

Please fill out to the best of your ability

R_x Processor Name: _____

(Examples: Paid Prescriptions, Express Scripts, Medco)

R_x Help Desk Phone # _____

BIN # _____ **PCN #** _____

ID # _____ **R_x Group #** _____

Relationship to Cardholder / Person Code _____

Note: If faxing card, please fax a copy of both sides and include student's name and DOB.