

Hocks UltimateRx Patient Information Form

If you would like to set up an account prior to getting your prescriptions filled at Hocks Pharmacy, please fill out The form below and fax it to 937-898-9340. This will greatly speed up the process. If you have any questions while filling out the form please call us. Once we receive your form, we will call you to let you know we have received it and answer any additional questions you may have.

- 1) Question: Do I need to fill out the entire form?
Answer: Section #1 and Section #3 are required.
Section #2 is only required if additional family members are covered and will be getting prescriptions.
- 2) Question: Can I obtain a 90-day supply of my prescriptions from Hocks?
Answer: No, Unfortunately your insurance company will only allow us to fill a 30-day supply of medication. If the prescription is written for more than 90 days, the quantity and refills will be adjusted accordingly. Please note some prescriptions do not allow refills to be added or changed such as Narcotics and ADHD medications to name a few.
- 3) Question: How do I get my prescription to you to be filled?
Answer: There are several options available.
 - a) You can bring your prescriptions in and wait for us to fill them.
 - b) Your doctor can call in, fax or electronically prescribe the prescriptions to Hocks Pharmacy.
 - c) If you have prescriptions on file at another Pharmacy and it has refills, we can call the other pharmacy and have the prescriptions transferred to us.
 - d.) We can call the Doctor on your behalf and request the prescriptions (usually least efficient).
- 4) Question: Can I have my prescriptions delivered to me?
Answer: Yes you can, either at home or to your place of work. Someone will need to be present to pay for, or sign for the prescription. We recommend putting a credit card on file with us to help expedite the process, but it is not a requirement. (Your Credit Card info is stored securely)
- 5) Question: When are prescriptions delivered?
Answer: We deliver prescriptions Monday thru Friday. They are typically delivered within 24-48 hours of receipt by us
- 6) Question: Do you also mail prescriptions?
Answer: Yes we do. There is no charge for mailing the prescriptions, but a signature will be required.
- 7) Question: How will I know in advance how much my prescription will cost?
Answer: We suggest you complete the price quote request form on our website, www.hocksrx.com. We try to respond within 24 hours of receiving your request.
- 8.) Question: Do you have the ability to accept prescription refills over the internet?
Answer: Yes we do. Just visit www.hocksrx.com and go to the "Refill Prescription Link". You will have the ability to tell us if you are picking up the prescription, want it delivered, or have it mailed to you. You will also receive an e-mail confirmation to let you know we received your request.

For other questions, please call Hocks Pharmacy 937-898-5803

Section #1

Company ID Assigned By Benefit Builders, Inc. _____ Employer Name _____

First Name _____ Last Name _____ Patient DOB _____

Street _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Best number to reach you: at Home _____ Work _____ Cell _____

Do you have an e-mail address? _____

Insurance ID# _____ Group # _____

Relationship: Cardholder _____ Spouse _____ Child _____ Other _____

Section #2

Other Family Members

2) First Name _____ Last Name _____ Patient DOB _____

2) Relationship: Cardholder _____ Spouse _____ Child _____ Other _____

3) First Name _____ Last Name _____ Patient DOB _____

3) Relationship: Cardholder _____ Spouse _____ Child _____ Other _____

4) First Name _____ Last Name _____ Patient DOB _____

4) Relationship: Cardholder _____ Spouse _____ Child _____ Other _____

Section #3

Preferred Payment Method: Credit Card _____ Check _____ Cash _____

Credit Card Number _____ Exp Date _____ 3 digit code _____

Preferred method of obtaining your prescription:

Pickup _____ Mail _____ Home Delivery _____ Work Delivery _____

Work Delivery Address: (only needed if option is chosen above)

Employer _____

Street Address _____ City _____ Zip _____

COMMENTS _____

Please Fax This Form to Hocks Pharmacy at 937-898-9340