



WELCOME

to our mail-order pharmacy

Skip the trip to the pharmacy!

Join the millions of Kaiser Permanente members who save money with our mail-order pharmacy.





Why choose mail order?

Save money:

Most members get a 3-month supply of medication for the price of 2, and shipping is free.

Save time:

We deliver to you – most orders arrive in as little as 3 days.

You will need your health record number, your credit or debit card information, and in some cases, your prescription number.

Sign on to kp.org* to order in 3 easy steps:

1. Choose “Pharmacy center” from the “My health manager” tab.
2. Click the boxes for each prescription you need filled.
3. Add to your cart, then follow the steps to check out and pay – most prescriptions arrive in 3 or 4 days.

*If you are new to kp.org, you can use instant registration to get a user ID and password. You can also register in person at your medical office.

To register:

1. Go to kp.org and click on “Register now.”
2. Select “I have a Kaiser Permanente plan and want to use online services.”
3. Provide your member information and health record number.

Order prescriptions using our automated telephone service

You will need your health record number, your credit or debit card information, and your prescription number.

Call 1-800-548-9809. For TTY, call 1-800-735-2900.

- Press 1 to check on order status.
- Press 2 to order refills.
- Press 3 to speak to a mail-order pharmacy representative.



Need to transfer your prescriptions?

Two weeks before you need your refill, fill out a form for yourself and a separate form for each family member who takes prescription medication. Fax or mail the forms to us.

Once we get the forms, we will contact you and your previous pharmacy to transfer your medications, coordinate refills, and answer questions. We want to help you get the best value.

You can also call us at 503-261-7900 or 1-888-572-7231 (toll free), Monday through Friday, 8 a.m. to 6 p.m.

Group name _____ Coverage effective date _____

Patient name _____

Preferred name _____ Gender _____

Kaiser Permanente health record number _____

(If you do not have this number, provide the last 4 digits of your Social Security number and your mother's maiden name.)

Address _____

City _____ State _____ ZIP code _____

Daytime phone number _____ Date of birth _____

Medication allergies and reactions _____


MEDICATION RECORD						
Prescription number	Medication/strength	Directions on prescription label	Reason you take this medication	Pharmacy where last filled	Pharmacy phone	Date refill needed

Complete and return this form via fax or mail:

Fax: 1-866-618-6569

Mail: New Member Pharmacy Services, 5717 NE 138th Ave., Portland, OR 97230-3409

If you prefer to fill out this form on our secure website, go to kp.org/newmembers/transferprescription/form.



If you have questions, call us at 503-261-7900 or 1-888-572-7231 (toll free), Monday through Friday, 8 a.m. to 6 p.m. For TTY, call 711.

For language interpretation services, call 1-800-324-8010.

For more information, visit kp.org/newmember.

