



MEDICATION SYNC REQUEST FORM

ALL MEDICATION SYNC REQUEST FORMS MUST BE SENT TO PART D RX MEMBER EXPERIENCE AT:
RxMemberExperience@HealthSun.com - Phone: 877-336-2069 Fax: 877-452-7496

PLEASE ATTACH THE PRESCRIPTION(S) TO THIS FORM

REMINDER: All previous prescriptions must be discontinued in pharmacy system before processing new attached prescriptions.

Member's Information

Name:	Date of Birth / /	Sex F M
ID #		
Requestor's Name (CENTER/PCP OFFICE)	Members Phone Number:	
Address:	Apt.#	
City:	State:	Zip Code:

Name of medications to be synced: _____

Prescribing Physician's Information

Dr.			
Address	City	State	Zip
Phone:	Fax #	Office Contact Name:	

Requestor's Signature: _____ **Date:** _____

HealthSun complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-336-2069. (TTY: 1-877-206-0500). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-336- 2069. (TTY: 1-877-206-0500). HealthSun Health Plans is an HMO plan with a Medicare contract. Enrollment in HealthSun Health Plans depends on contract renewal.