

Prescription Refill Transfer Request

Please fill out the following for each prescription and fax to Meritus Pharmacy @ 301-790-9282

Patient's Name: _____

Date of Birth: _____ EPIC MRN # (If Known) _____

Contact Phone Number: _____

Does this patient have insurance through Meritus Health? (Y / N) _____

Meritus Pharmacy needs to call the pharmacy:

Pharmacy Name: _____

Pharmacy Contact Number: _____

Prescription Number: _____

Name of the medication: _____

Are there refills indicated on the label? If not, Meritus Pharmacy will not be able to call for a copy. Please reach out to the provider directly. This can also be done through the MyChart app.

- Please allow 2 business days for this to be completed.
- Please only request a transfer when there is about 1 week of medication remaining. Doing so too soon will cause a rejection with the prescription insurance program(s).
- If you have a RX coupon card / RX manufacture voucher, pharmacy staff will need to see that when you pick up the medication and will need to send that claim over to that company. It usually does not take more than 10-15 mins for this process.

Meritus Pharmacy is open Monday – Friday from 8am to 6pm.

Please call 301-790-9281 with any questions.