HomeStar mailorder
My Prescriptions... Easier.

St Luke's
UNIVERSITY HEALTH NETWORK

HomeStar Prescription Mail Order Registration Form

If you have any questions concerning HomeStar Mail Order services, please call (610) 628-8900 or Toll Free at 1-855-649-MEDS

Please complete and mail or fax to: HomeStar Mail Order Pharmacy, 1736 Hamilton Street, Allentown, PA 18104 | Fax: 610-628-8901

CARDHOLDER INFORMATION

First Name	Middle Name	Last Name
Address		
City	State	Zip
Phone	Alternate Phone	Email

MEMBER AND DEPENDENT INFORMATION (Complete Where Applicable)

Member Name		Date of Birth	Gender ☐ Male ☐ Female
Allergies		Health Conditions	
Cardholder ID	Group	PCN	BIN
Spouse Name		Date of Birth	Gender ☐ Male ☐ Female
Allergies		Health Conditions	
Cardholder ID	Group	PCN	BIN
Dependent Name		Date of Birth	Gender ☐ Male ☐ Female
Allergies		Health Conditions	
Cardholder ID	Group	PCN	BIN
Dependent Name		Date of Birth	Gender ☐ Male ☐ Female
Allergies		Health Conditions	
Cardholder ID	Group	PCN	BIN

BILLING INFORMATION

Billing Address (If different from above)

Payment Method (Select One)

☐ Payroll Deduction — Employee Name _____

☐ Credit Card (Circle One) Visa MasterCard Discover

Card Number _____ CCV# _____ Expiration _____

Signature _____

ADDITIONAL INFORMATION

Additional Dependents (Please complete where applicable)

Dependent Name		Date of Birth	Gender ☐ Male ☐ Female
Allergies		Health Conditions	
Cardholder ID	Group	PCN	BIN
Dependent Name		Date of Birth	Gender ☐ Male ☐ Female
Allergies		Health Conditions	
Cardholder ID	Group	PCN	BIN
Dependent Name		Date of Birth	Gender ☐ Male ☐ Female
Allergies		Health Conditions	
Cardholder ID	Group	PCN	BIN
Dependent Name		Date of Birth	Gender ☐ Male ☐ Female
Allergies		Health Conditions	
Cardholder ID	Group	PCN	BIN
Dependent Name		Date of Birth	Gender ☐ Male ☐ Female
Allergies		Health Conditions	
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Dependent Name		Date of Birth	Gender ☐ Male ☐ Female
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