



Mail Order Prescription Service

- 📌 Quick and convenient mail order prescriptions shipped directly to your home or other preferred address
- 📌 Automatic refills available
- 📌 Fill up to a 100-day supplies of most maintenance medications

Specialty Prescription Service

- 📌 Quick and convenient shipping available
- 📌 All specialty medications are limited to a 30-day supply

All mail order and specialty medications must be filled at:

WellSpan Pharmacy – Fairfield

4910B Fairfield Rd.

Fairfield, PA 17320

Phone: 1-855-339-2305

Fax: (717) 642-6691

📌 Interested?

- Fill out the Mail Order/Specialty Medication Request Form
- Call your doctor and request a new prescription be sent to WellSpan Pharmacy—Fairfield
 - Mail order: 100-day supply
 - Specialty medication: 30-day supply



Mail Order / Specialty Medication Request Form

Patient Information

Last Name: _____

First Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Member ID # _____

Person Code: _____

Allergies: _____

Credit Card:

__ Visa __ Mastercard __ Discover

Card #: _____

Expiration Date: ____/____ CVV Code: _____

Prescriber Information

Name: _____

Address: _____

Phone: _____

Fax: _____

*Please have your prescriber send prescriptions
to WellSpan Pharmacy in Fairfield PA:*

WellSpan Pharmacy – Fairfield

4910B Fairfield Rd.

Fairfield, PA 17320

Phone: 1-855-339-2305

Fax: (717) 642-6691

Electronic prescriptions accepted

Special Requests

I would like to have non-child resistant caps

Refill options (please select one, auto refill does not apply to specialty medications):

Auto Refill Any medications due for refill will be automatically filled, charged and sent to your home (note: this will include **all** prescriptions due for refill).

Email Notification You will be notified via email of medications due for refill. Medications will be sent out only with your permission.

Preferred email address: _____

Phone Notification You will be notified via phone of medications due for refill. Medications will be sent out only with your permission.

Preferred phone number: _____

Options to return completed form:

Mail: WellSpan Pharmacy
4910B Fairfield Rd
Fairfield, PA 17320

Email: FairfieldPharmacy@wellspan.org

Fax: 717-642-6691



WellSpan Outpatient Pharmacy Locations

<p>WellSpan Pharmacy – Fairfield 4910 Fairfield Rd. Suite B Fairfield, PA 17320 ☎ (717) 642-8812 📠 (717) 642-6691 Fax</p>	<p>WellSpan Pharmacy – Ephrata 183 N. Reading Rd. Suite 9 Ephrata, PA 17522 ☎ (717) 721-5784 📠 (717) 733-0025 Fax</p>
<p>WellSpan Pharmacy – Adams Health Center 40 V-Twin Dr. Suite 107 Gettysburg, PA 17325 ☎ (717) 339-2600 📠 (717) 339-2601 Fax</p>	<p>WellSpan Pharmacy – Good Samaritan Hospital 252 S. 4th St. 4th and Walnut Sts. Lebanon, PA 17042 ☎ (717) 639-3005 📠 (717) 270-4858 Fax</p>
<p>WellSpan Pharmacy – York Hospital 1001 S. George St. York, PA 17403 ☎ (717) 851-2712 📠 (717) 851-4358 Fax</p>	<p>WellSpan Pharmacy – Dallastown 755 S. Pleasant Ave. Dallastown, PA 17313 ☎ (717) 851-1351 📠 (717) 851-1361 Fax</p>
<p>WellSpan Pharmacy – Apple Hill Medical Center 25 Monument Rd. Suite 265 York, PA 17403 ☎ (717) 741-8150 📠 (717) 741-8466 Fax</p>	

**Non-WellSpan Pharmacies Available at
Enhanced Tier (Tier 1) Co-Pay**

Chambers' Apothecary

278 Lincoln Way E
Chambersburg, PA 17201
☎ (717) 263-0747
📠 (717) 263-0225 Fax

Norland Avenue Pharmacy

12 St Paul Dr #105
Chambersburg, PA 17201
☎ (717) 217-6790 or (866) 536-0711
📠 (717) 660-0631 Fax

Park Avenue Pharmacy

220 Park Ave
Chambersburg, PA 17201
☎ (717) 264-7312
📠 (717) 264-3751 Fax

Savage Family Pharmacy Inc.

604 E Main St
Waynesboro, PA 17268
☎ (717) 762-2915
📠 (717) 762-2357 Fax

Note: Prescriptions are limited to non-specialty medications up to a 31 day supply (Summit Bargaining members) or up to a 34 day supply (WellSpan Legacy/WellSpan Summit members)