COSTPILL

Prescriber Cover Page

Use this form to provide your doctor with information for your prescriptions.

FOR PATIENTS

Patient Information

Email Address Required			
Last Name	First Name		MI
Delivery Address			Apt., Ste. #
City	State	ZIP Code	Phone Number (with area code)
Date of Birth (mm/dd/yyyy)	Sex (assigned at birth) ○ Female ○ Male		

Healthcare Provider Name	Healthcare Provider Phone

Medications requested

Note: Please note we are unable to fill any prescription drugs not on our website.

FOR PROVIDERS

Providers: Please follow the instruction below to submit electronic prescriptions (eRx).

Perform a pharmacy search in your EHR for "CostPill"

NCPDP ID: 5682059

IMPORTANT: Our pharmacy system requires an email address to match each prescription to a patient.