

**Winston Salem Health Care Mail Order Pharmacy  
Method of Payment / Change of Address Form**

Please complete this form whenever you or your dependents need to change the Method of Payment or address for Winston Salem Health Care Mail Order Pharmacy.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Current Method of Payment: (Circle One)**

Debit / Credit Card

Payroll Deduct (Novant employees only)

Novant Flexible Spending Card (Novant employees only)

Effective: \_\_\_\_\_

**Change to: (Circle One)**

Debit / Credit Card

Payroll Deduct (Novant employees only)

Novant Flexible Spending Card (Novant employees only)

Card Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

**ADDRESS CHANGE: *please list both old and new address.***

**Current address:**

\_\_\_\_\_  
\_\_\_\_\_

**New address:**

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax to 336-718-1495 or mail to: WSHC Mail Order Pharmacy, 255 Charlois Blvd., Winston-Salem, N.C. 27103

***Winston Salem Health Care Mail Order Pharmacy Use Only***

Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
Entered and Scanned in by: \_\_\_\_\_ Date: \_\_\_\_\_