




1. Complete the information below.
2. Enclose prescription with doctor information.
(including phone number)
3. Enclose check or credit card information.
4. Sign and date the authorization.



***If you have misplaced your member ID card, please contact your county Farm Bureau office or Michigan Farm Bureau at (888) 805-4864 for your ID #**

Member Name				Farm Bureau ID #	Birth Date
Address	City	State	Zip	Daytime Phone	Evening Phone
Group Name or Number		BIN #:610162			

MFB (Michigan Farm Bureau)

Patient Name (if prescription is for other than cardholder)				Patient Birth Date	
Check One   	My Card Expires Month Year		Charge my Credit Card:		
Sign Here: _____ _____ Cardholder Signature					

To avoid delays it is strongly recommended that a credit card be used.
 Credit card orders are processed within 24 hours.
 Checks can take several days.

When sending a check be sure to include the correct amount, and write your ID number on the check.

New Prescriptions

- Fill out the information above.
- Put information and new prescriptions from your doctor in an envelope.
- Include Credit Card information or payment.

Refill

- Fill out the information above.
 - Include Credit Card information or payment.
 - Place refill sticker on this sheet.
- The sticker is on the right side of the prescription information that arrived with your prescription. If you don't have a sticker fill in the refill number and drug name to the right.

REFILL #	_____
DRUG NAME	Place Refill Sticker Here
REFILL #	_____
DRUG NAME	Place Refill Sticker Here
REFILL #	_____
DRUG NAME	Place Refill Sticker Here

Rx Clarity Prescription Services
 P.O Box 8
 Fremont, NE 68026-0008

Rx Clarity does not hold prescriptions.
 Please send only prescriptions to be ordered immediately.