

**THE PENNSYLVANIA STATE UNIVERSITY
UNIVERSITY HEALTH SERVICES PHARMACY
ENROLLMENT FORM**

1-800-821-7285
814-865-9321 (phone)
814-863-5371 (fax)
University Health Services
Student Health Center
Room 202
University Park, PA 16802

Patient Name: _____ Highmark ID #: _____

Home Address

Street _____ Town _____ State _____ Zip Code _____

Date of Birth: _____

Relationship: Employee Spouse Child*

Gender: _____

Name of family physician: _____

Known Drug Allergies: _____

Rx packaging: Safety Caps Non-Safety Caps

PSU Employee Name: _____ PSU ID Number: _____

Work Phone: _____ Home Phone: _____

Campus Mailing Address: _____

If changes in above information occur, a new form must be submitted.

* If child is **NOT** a full-time student, Rx coverage ceases at age 19. If child is age 19 or older, and is **A FULL-TIME STUDENT**, coverage ceases at age 24.

Any person who knowingly files a statement containing any false information or conceals information for the purpose of misleading will be subject to disciplinary action.

Please mail or fax to the address or fax number listed at the top of this form.