



TRICARE COPAY CHANGE

Name	
Address	
Phone	
Email	

I would like the TRICARE prescription copay structure for ALL providers to be the same.

Signed: _____

Please return to your pharmacist at the following locations:

Island Drug 230 SE Pioneer Way Oak Harbor, WA 98277 360-675-6688 360-675-1563 Fax M-F 9a-7p (Drive Thru 8a-7p) Sat 9a-6p Web: www.islanddrug.com Email: wecare@islanddrug.com	Island Drug 11042 SR 525 #130 Clinton, WA 98236 360-341-3885 360-341-3886 Fax M-F 9a-7p Sat 9a-4p Web: www.islanddrug.com Email: wecare.south@islanddrug.com	LaConner Drug 708 E Morris St / PO Box 477 LaConner, WA 98257 360-466-3124 360-466-4775 Fax M-F 9a-7p Sat 9a-4p Web: www.laconnerdrug.com Email: wecare@laconnerdrug.com
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