



Planned Parenthood of Northern New England

### BlueMail Enrollment Form

8 Middle Street, Keene, NH 03431  
BlueMailTeam@ppnne.org  
www.ppnne.org  
855-767-6539

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

**Shipping Information** **BlueMail can only ship to VT, NH, and ME. Patients with a shipping address in a different state than their prescribing health center are not eligible for BlueMail.**

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Credit/Debit Card Information**

Card Type:  Visa  MasterCard  Discover

I wish to make a donation of \$\_\_\_\_\_ at each shipment. A suggested contribution of \$5.00 per shipment is greatly appreciated to contribute to the cost of your shipment.

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder Name (printed): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**PPNNE requires all BlueMail enrollees who do not receive fully discounted rate to provide a valid credit/debit card for the cost of your contraception. Credit/Debit cards that are invalid, expired, or declined may result in your BlueMail shipments being cancelled or placed on hold. BlueMail does not charge for shipping or handling.**

I authorize PPNNE to automatically bill my credit/debit card at the time of my BlueMail shipments until my prescription expires or until this agreement is otherwise terminated.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Terms and Conditions

Contraceptives and other products available through BlueMail are subject to change at PPNNE's discretion. BlueMail will ship the maximum cycles of your birth control method as possible. A note will be included in your final shipment reminding you that it is time to schedule your annual appointment at your health center. At your appointment you may re-enroll in BlueMail.

Any patient who has applied for any Medicaid Expansion Programs, including VT Access Plan, New Hampshire Family Planning Program, and MaineCare Limited Family Planning Benefit, and is not fully enrolled by the time of their BlueMail shipment will be processed as Self-Pay. This can result in BlueMail charging their credit/debit card for their contraceptives after any PPNNE discounts have been applied.

BlueMail can only ship to addresses within Vermont, New Hampshire, and Maine. Any shipping address outside of our shipping area is not eligible for BlueMail and may result in your shipment being placed on hold or cancelled. Due to pharmaceutical dispensing regulations patients with a shipping address in a different state than their prescribing health center are not eligible for BlueMail.

Allow for 7 business days for the BlueMail Department to process cancellation requests, address changes, and reinstatements. Failure to notify BlueMail of any changes may result in late shipments and/or denial of refund requests for late cancellation requests or for shipments sent to incorrect addresses.

I DO want to enroll in the BlueMail program. The information listed above is correct. I understand that it is my responsibility to notify PPNNE if there are any changes to this information or if I wish to stop using the BlueMail program. I will allow for 7 business days for any changes or cancellations to take effect. I understand that BlueMail will stop sending supplies when this prescription expires or all refills have been dispensed and it is my responsibility to schedule any further appointments to renew my prescription as indicated by PPNNE.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use Only Financial Type:  MX  VT Access Plan  NHFP  MaineCare LFPB  SP LV \_\_\_\_\_

Affix patient label here or write:  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Patient #: \_\_\_\_\_

Health Center: \_\_\_\_\_  
HCA to fax this form to (603) 352-0682 and then shred.