



MEDCO BY MAIL ORDER FORM

For New Prescriptions

Fill out one line of the Patient Information section for each new prescription you send. Be sure to include the patient's full name, date of birth, and address, along with the doctor's name and phone number.

For Refills

To order from our website: www.medco.com/medd. Have your member ID number and prescription (Rx) number on hand. Your 12-digit prescription or Rx number can be found on your refill slip.

To order by phone: Call **1 800 4REFILL** (1 800 473-3455) to use the automated refill system. Have your member ID number and your refill slip with the prescription information ready.

To order by mail: Include your refill slip(s) with this form. Do not complete the Patient Information section for refills.

For All Mail Orders

Place all prescriptions and refill slips together with this completed order form and your co-payment in an envelope and mail to Medco at the address listed at the bottom of this page.

If You Need Additional Help

Call Member Services at **1 800 596-4645**. TTY/TDD users should try **1 800 716-3231**. The best times to call are Tuesday through Friday afternoons.

See the back of this form for additional instructions.

Member Information

Member ID: _____

Group: **PDP13697**

Name: _____

Street Address: _____

Street Address: _____

Street Address: _____

City, ST, ZIP: _____

Daytime telephone

Evening telephone

Please send me e-mail notices about the status of the enclosed prescription(s) and online ordering at:

_____@_____.

Shipping address if different from your mailing address

Check if: Temporary Permanent

Patient Information — complete one line for each new prescription (Do not complete for refills)

Patient name	Sex	Birth date M/D/YYYY	Doctor name and phone number	Does patient have any other prescription plan?
1	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

Order Information

Total number of medications in this order (including all refills and new medications)

Subtotal of this order \$.

Optional expedited shipping \$9.00 (subject to change) .

Total enclosed (do not send cash) \$.

Paying by Credit Card? Visa MC Disc/NOVUS AmEx Diners

CREDIT CARD NUMBER

M Y

EXPIRATION DATE

X _____
 CARDHOLDER SIGNATURE

Check here to have all orders billed to your credit card. By doing so, you authorize Medco to keep your card number on file and bill all future orders and any outstanding balances directly to your credit card. To enroll by phone, please call 1 800 948-8779.

Paying by check? Write your member ID number on your check or money order made payable to Medco Health Solutions, Inc.

MEDCO HEALTH SOLUTIONS OF NETPARK, L.L.C.
PO BOX 30494
TAMPA FL 33633-1460



Please take a minute to make sure . . .

- You have included your doctor's signed prescription form and filled out the patient information on the front of the order form for each new prescription.
- You have either filled out the credit card section on the front of this order form or included a check or money order for the required co-payment.
- You have written your member ID number on any check or money order.
- You have filled out the Health, Allergy & Medication Questionnaire. This information will help Medco better serve your prescription drug needs.

Expedited shipping available

For an additional fee, your order will be shipped by an expedited service offered in your area. This option must be chosen when you make the order, and it cannot be applied after an order has already been processed.

Additional Instructions

If you elect to have this and all future orders automatically charged to your credit card (by checking the box on the front or enrolling by phone), bear in mind that the automated payment plan feature will apply to all mail orders. Also note that we can only keep one credit card on record.

You may have a balance limit on your plan account. If so, once your unpaid balance exceeds that limit, no additional orders will be processed until the balance has been paid.

You can call 1 800 948-8779 anytime to enroll in our automated payment plan, change the credit card on file, check your account balance, or pay by phone using a credit card.

Florida law requires pharmacists to substitute a less expensive, generically equivalent drug for certain brand-name drugs unless you or your physician directs otherwise.

Get more information from our website

Visit us at www.medco.com/medd

To all Medicare beneficiaries whose private health plan has elected to be billed primary for Medicare Part B covered drugs:

By choosing the Medco mail-order pharmacy to fill your prescription, you are choosing to use the prescription drug coverage provided by your group health plan. Medco will process your prescription under your group health plan coverage, independent of the Medicare program, and no claim will be submitted to Medicare. If you believe that Medicare may also provide coverage and would like Medicare to pay for your prescription, you should go to a Medicare-participating pharmacy in your area. For a list of convenient Medicare-participating pharmacies, please call your local Medicare carrier or 1 800 MEDICARE. If you have any questions about the difference in coverage between your group health plan coverage and Medicare, please call 1 800 596-4645.

Health, Allergy & Medication Questionnaire

Your answers to the following questions will help us provide your prescription drug benefit services including, for example, filling your prescriptions and alerting your doctor about possible medication problems. To best serve you, we need to know what prescription and nonprescription medications you are currently taking. We also need to know if you have any known allergies, conditions or diseases.

Please complete this questionnaire only for the person whose name is on the ID card.

- If your health, allergy and/or medications information does not fit on the form you can provide additional information on plain paper and attach to this form.
- If you need additional forms you may call your toll-free Customer Service number located on the back of your ID card.
- Return this questionnaire and your completed **Medco By Mail** order form to the address printed on the order form.

Section 1: Member Identification and Contact

Group (located on your ID Card)

Member Number (Located on your ID Card)

M F

Gender

First Name

M.I.

Last Name

Street Address

City

State

Zip

MM / DD / YYYY
Date of Birth

--

Your home telephone number

Section 2: Prescription Medications.* Please list the current **prescription medications** you are taking.

*Information can be found on the prescription labels. If none, please check here. NONE

Prescription Medication	Prescription Medication

Please attach names of **additional prescription medications** if there is not enough room on this page.

Section 3: Nonprescription Medications. Please list all **nonprescription medications** you take on a regular basis that do not require a prescription from a doctor. Such as: aspirin, ibuprofen, *Advil*®, *Motrin*®.

If none, please check here. NONE

Nonprescription Medication	Nonprescription Medication

Please attach names of **additional nonprescription medications** if there is not enough room on this page.

Please continue on the other side to tell us about any health, allergy or medical conditions. 

Section 4: Drug Allergy Conditions. Please fill in the circle **ONLY** if you have had an allergy or bad reaction to this medication in the past. If you have had an allergy to a medication not listed below, please print the name of that medication in the blank spaces at the bottom of this section.

Penicillins/cephalosporins	Such as <i>Amoxil</i> [®] , amoxicillin, ampicillin, <i>Ceclor</i> [®] , <i>Ceftin</i> [®] , <i>Keflex</i> [®] , cephalexin	<input type="radio"/>
Tetracycline antibiotics		<input type="radio"/>
Erythromycin, <i>Biaxin</i> [®] , <i>Zithromax</i> [®]		<input type="radio"/>
Codeine	Such as <i>Robitussin AC</i> [®] , <i>Tylenol #3</i> [®]	<input type="radio"/>
Non-steroidal anti-inflammatory drugs (NSAIDs)	Such as ibuprofen, <i>Advil</i> [®] , <i>Motrin</i> [®]	<input type="radio"/>
Aspirin (salicylates)		<input type="radio"/>
Sulfa drugs	Such as <i>Septra</i> [®] , <i>Bactrim</i> [®] , TMP/SMX	<input type="radio"/>
Iodine		<input type="radio"/>
If there is an allergy to a medication that is not listed above, please print the name of that medication in the space below. Example: <i>morphine</i>		

Section 5: Medical Conditions. Please fill in a circle **ONLY** if a doctor ever said that you have had any of the following conditions.

Heart failure (weak heart)	<input type="radio"/>	Gastric reflux, heartburn or esophagitis (GERD)	<input type="radio"/>
High blood pressure (hypertension)	<input type="radio"/>	Inflammatory bowel disease (colitis, Crohn's disease)	<input type="radio"/>
Heart attack or angina	<input type="radio"/>	High pressure in the eyes (glaucoma)	<input type="radio"/>
High cholesterol (hypercholesterolemia)	<input type="radio"/>	Seizures	<input type="radio"/>
Stroke	<input type="radio"/>	Poor circulation in the legs (peripheral vascular disease)	<input type="radio"/>
Chronic bronchitis or emphysema (COPD)	<input type="radio"/>	Trouble with blood not clotting properly	<input type="radio"/>
Asthma	<input type="radio"/>	Enlarged prostate (benign prostatic hyperplasia, BPH)	<input type="radio"/>
Allergies, runny nose, hay fever (allergic rhinitis)	<input type="radio"/>	Arthritis	<input type="radio"/>
High blood sugar (diabetes)	<input type="radio"/>	Osteoporosis	<input type="radio"/>
Thyroid disease	<input type="radio"/>	Depression	<input type="radio"/>
Peptic, stomach or duodenal ulcer	<input type="radio"/>	Migraine headaches	<input type="radio"/>
Print other medical conditions not listed above in the space below. Example: <i>glaucoma</i>			

Please return the questionnaire along with the completed Medco By Mail order form to the address printed on the order form.

Did you complete both sides?

Thank you very much.

