

**Medco By Mail
ORDER FORM**



1 Member information Please verify or provide member information below.

Member ID: _____
Group: _____
Name: _____
Street Address: _____
Street Address: _____
Street Address: _____
City, ST, ZIP: _____

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

New shipping address: _____

(Medco will keep this address on file for all orders from this membership until another shipping address is provided by any person in this membership.)

Daytime phone: _____

Evening phone: _____

2 Patient/doctor information Fill out a separate section for each person requesting a prescription fill. If he/she has more than one prescription from the same doctor, complete just one section but include all prescriptions in the envelope provided. If a person has prescriptions from more than one doctor, complete a new section for each doctor and include all prescriptions.

First name _____ Last name _____

Birth date (MM/DD/YYYY) _____ Sex M F Patient's relationship to plan member
 Self Spouse Dependent

Doctor's last name _____ 1st initial _____ Doctor's phone number _____

First name _____ Last name _____

Birth date (MM/DD/YYYY) _____ Sex M F Patient's relationship to plan member
 Self Spouse Dependent

Doctor's last name _____ 1st initial _____ Doctor's phone number _____

3 Complete your order You can pay by e-check, check, money order, or credit card. Make checks and money orders **payable to Medco Health Solutions, Inc.**, and write your member ID number on the front. You can enroll for e-check payments and price medications at www.medco.com, or call **1 800 987-8680**.

Number of prescriptions sent with this order: _____

Payment options: E-check Payment enclosed Credit card Send bill

For credit card payments: Visa MC Discover Amex Diners Credit card number _____
Expiration date _____
M M Y Y _____ I authorize Medco to charge all future orders and outstanding balances to this credit card.
Cardholder signature

Rush this shipment (\$14, subject to change). Note: This will not rush prescription processing. (Street address required; P.O. Box not allowed.)

Important reminders and other information

Check that your doctor has prescribed the maximum days' supply allowed by your plan, plus refills for up to 1 year, if appropriate (not a 30-day supply, plus refills).

Complete the member/doctor section(s).

Be sure you have filled out the Health & Medication Questionnaire.

Unpaid balances

If your plan limits the balance that you can carry on your account and you exceed that limit with this order, payment must be included. To price a medication, visit us online at www.medco.com and click "Price a medication." To avoid processing delays, call **1 800 987-8680** to enroll in our e-check program or provide a credit card number in the "Complete your order" section on side 1.

Generic substitution

Texas, Florida, and Ohio laws allow a generic equivalent drug to be substituted for certain brand-name drugs, unless you or your physician specifically directs otherwise. Ask your doctor or pharmacist whether safe, effective, and less expensive generic drugs are right for you. Or, call Medco at the number on your member ID card and ask to speak with a pharmacist. Pharmacists are available 24 hours a day, 7 days a week, to answer questions concerning your prescription.

If you live in Texas, you have a right to refuse generic substitution. In many cases, choosing a brand-name product will result in a higher co-payment.

Check the box if you do not want a less expensive, generic version of your medication.

Please note that this only applies to this prescription and future refills of this prescription.

PENNSYLVANIA LAW PERMITS PHARMACISTS TO SUBSTITUTE A LESS EXPENSIVE GENERICALLY EQUIVALENT DRUG FOR A BRAND NAME DRUG UNLESS YOU OR YOUR PHYSICIAN DIRECT OTHERWISE. **Check the box if you do not wish a less expensive brand or generic drug "product."** Please note that this applies only to new prescriptions and to any future refills of that prescription.

If you have Medicare Part B coverage

Medco does not submit prescription drug claims to Medicare Part B. Check your Medicare Part B coverage to determine whether Medicare Part B covers your prescription(s) and whether it will cost you less to use a Medicare Part B-participating pharmacy. For a list of Medicare Part B-participating pharmacies, call your local Medicare carrier or 1 800 MEDICARE (1 800 633-4227). For questions about your Medco-administered coverage, please call **1 800 987-8680**.

If you need additional information or assistance, visit us online at www.medco.com or call Medco Member Services at **1 800 987-8680**. TTY/TDD users should call **1 800 759-1089**.

Place your prescription(s), this form, and your payment in the envelope provided. Be sure the Medco address shows through the window. Do not use staples or paper clips.

MEDCO HEALTH SOLUTIONS OF FAIRFIELD
PO BOX 747000
CINCINNATI OH 45274-7000



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