

Medco By Mail ORDER FORM



medco®



1 Member information: Please verify or provide member information below.

Member ID: _____

Group: UFTWFRX

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.)

Evening phone: _____

Daytime phone: _____

2 Patient/doctor information: Complete one section for each person with a prescription. If a person has prescriptions from more than one doctor, complete a new section for each doctor (additional sections are on back). Send all prescriptions in the envelope provided.

First name

Last name

Birth date (MM/DD/YYYY)

Sex

Patient's relationship to member

M F

Self Spouse* Dependent *or domestic partner

Doctor's last name

1st initial

Doctor's phone number

First name

Last name

Birth date (MM/DD/YYYY)

Sex

Patient's relationship to member

M F

Self Spouse* Dependent *or domestic partner

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 1 800 723-9182.

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

____/____

X

I authorize Medco to charge this card for all orders from any person in this membership.

Cardholder signature

Rush the mailing of this shipment (\$15, cost subject to change). NOTE: This will only rush the shipping, not the processing of your order. Street address is required; P.O. box is not allowed.



FOLD HERE

FOLD HERE

Patient/doctor information continued

First name

[Grid for first name]

Last name

[Grid for last name]

Birth date (MM/DD/YYYY)

[Grid for birth date]

Sex

M F

Patient's relationship to member

Self Spouse* Dependent *or domestic partner

Doctor's last name

[Grid for doctor's last name]

1st initial

[Grid for 1st initial]

Doctor's phone number

[Grid for doctor's phone number]

First name

[Grid for first name]

Last name

[Grid for last name]

Birth date (MM/DD/YYYY)

[Grid for birth date]

Sex

M F

Patient's relationship to member

Self Spouse* Dependent *or domestic partner

Doctor's last name

[Grid for doctor's last name]

1st initial

[Grid for 1st initial]

Doctor's phone number

[Grid for doctor's phone number]

Important reminders and other information

Check that your doctor has prescribed the maximum days' supply allowed by your plan (not a 30-day supply), plus refills for up to 1 year, if appropriate. Also, ask your doctor or pharmacist about safe, effective, and less expensive generic drugs.

Complete the Health, Allergy & Medication Questionnaire.

There may be a limit to the balance that you can carry on your account. If this order takes you over the limit, you must include payment. Avoid delays in processing by using e-checks or a credit card. (See Section 3 for details.)

For additional information or help, visit us at www.medco.com or call Member Services at 1 800 723-9182. TTY/TDD users should call 1 800 759-1089.

Automatic generic equivalent substitution:
Medco will make all possible efforts, as appropriate by law, to substitute generic formulations of medication, unless you or your doctor specifically directs otherwise.

Pennsylvania, Ohio and Texas laws permit pharmacists to substitute a less expensive generically equivalent drug for a brand-name drug unless you or your physician direct otherwise.

Check this box if you do not wish a less expensive brand or generic drug. Please note that this applies only to new prescriptions and to any future refills of that prescription.

Note: If you are in the Cost Care Program and wish to have the brand-name drug (when your physician has authorized a generic equivalent), you can still get the brand-name drug, but you will be responsible for the difference between the cost of the brand-name drug and the cost of the generic equivalent, plus the applicable co-payment. This difference in payment is referred to as an ancillary charge.

FOLD HERE

FOLD HERE

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 FORT WORTH
PO BOX 650322
DALLAS TX 75265-9946



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