



# 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**. Have your member ID number and prescription (Rx) number on hand. You can find your member ID below, and 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 the enclosed return envelope.

### If You Need Additional Help

Call Member Services at **1 800 572-4098**. TTY/TDD users should call **1 800 716-3231**. The best time to call is in the afternoon, Tuesday through Friday.

See the back of this form for additional instructions.

## Member Information

Member ID:

Group:

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

Daytime telephone

Evening telephone

## 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

CARDHOLDER SIGNATURE

**X**

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.

Please return in the enclosed  
postage-paid envelope or  
return to the address provided.

MEDCO HEALTH SOLUTIONS, INC.  
PO BOX 35030  
RICHMOND VA 23235-0030

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.

Get more information from our website

Visit us at [www.medco.com](http://www.medco.com)