

Commonwealth of Virginia Health Benefits Program Medco Materials Order Form

April 2008

Please destroy all prior forms

Pharmacy Materials (All forms can also be downloaded from DHRM Website)		Quantity
HD903409	Home Delivery Order Form	
E704	Home Delivery Order Form Envelope	
C1001	Reimbursement Claim Form	
C3001	COB Claim Form	
BI47522M	State Prescription Drug Brochure	
MG917170	State Three-Tier Drug Program Guide	

PLEASE PRINT OR TYPE

DATE _____

Agency/Sub-Agency Number ____ / ____ Telephone (____) _____

Name (Person Requesting Materials) _____

Agency Name _____

Shipping Address (Do Not Use P.O. Box*) _____

*ORDERS CANNOT BE DELIVERED TO P.O. BOX ADDRESS.

City _____ VA ZIP _____

Send Order Form to:
Email: Charles_Clemmer@medco.com
or
Fax to: (252) 228-0080
Materials will be shipped within 48 hours
For Questions About Your Order, call 252-228-0007

Most items, including this order form, are available on the Web at:
www.dhrm.virginia.gov/compandbenefits.html

Charge # for materials (except Three-Tier Drug Brochures): 425000, CWLTHVA Charge # for Three-Tier Drug Brochures: 2777, CWLTHVA1
--