

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 Domestic partner

Doctor's last name

[Grid for doctor's last name]

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 Domestic partner

Doctor's last name

[Grid for doctor's last name]

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 and 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.)

If you are a Medicare Part B beneficiary AND have private health insurance, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at the number located on your ID card. To verify Medicare Part B prescription coverage, call Medicare at 1.800.633.4227.

Express Scripts will make all possible efforts, as appropriate by law, to substitute generic formulations of medication, unless you or your doctor specifically directs otherwise.

□ Pennsylvania and Texas laws permits pharmacists to submit a less expensive generically equivalent drug for a brand-name drug unless you or your doctor directs otherwise. Check the 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 refills of that prescription.

For additional information, log in to Express-Scripts.com or call Member Services at the number located on your ID card. TTY/TDD users should call 1-800-759-1089.

Federal law prohibits the return of dispensed controlled substances.

Mailing instructions

Using a business-size envelope, send the following items to the address shown on the right:

Do not use staples or paper clips.

- Your prescriptions or refill slips
Order form
Health, Allergy & Medication Questionnaire
Your payment
E-check enrollment form (optional)

Medco Health Solutions of Fairfield
P.O. Box 747000
Cincinnati, OH 45274-7000

