

## **MEDCO BY MAIL**



### **ORDER FORM**

1 Member Information Please verify or provide	member information below.				
Mambay ID:	☐ Please send me e-mail notices about the status of the enclosed prescription(s) and online ordering at:				
Member ID: Group:	@				
Name:	☐ New Shipping Address				
Street Address:					
Street Address:					
Street Address:					
City,ST,ZIP:	(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:				
he/she has more than one prescription from the same d prescriptions in the envelope provided. If a person has p	section for each person requesting a prescription fill. If octor, complete just one section but include all prescriptions from more than one doctor, complete a new ditional patient/doctor space is provided on the next page.				
First name Last r	name				
Birth date(MM/DD/YYYY) Sex Patient  Doctor's last name	d's relationship to member  □Spouse □Dependent □Domestic partner  1st initial Doctor's phone number				
First name Last r	name				
Birth date(MM/DD/YYYY) Sex Patient  □□□□□□□□□□□M□F□Self	's relationship to member □Spouse □Dependent □Domestic partner				
Doctor's last name	1st initial Doctor's phone number				
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. To enroll for e-check payments, complete and return the e-check form (fifth page printed) with your order.					
Number of prescriptions sent with this order:					
Payment options: □e-check □Payment enclose	d □Credit card □Send bill				
For credit card payments:  ☐Visa ☐MC ☐Discover ☐AmEx ☐Diners	Credit card number				
Expiration date  X M M Y Y  Cardholder signature	☐I authorize Medco to charge this card for all orders from any person in this membership.				

□Rush this shipment (\$15, subject to change). **Note:** This will **not** rush prescription processing. (Street address required; P.O. box not allowed.)

Patient/doctor Information continued
First name Last name
Birth date(MM/DD/YYYY) Sex Patient's relationship to member  Self Spouse Dependent 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  Self Spouse Dependent Domestic partner
Doctor's last name 1st initial Doctor's phone number
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).  Also, ask your doctor or pharmacist about safe, effective and less expensive generic drugs.  Medco will make all possible efforts, as appropriate by law, to substitue generic formulations of medication, unless you or your doctor specifically directs otherwise.  Pensylvania and Texas laws permits pharmacists
<b>Complete</b> the health, Allergy and Medication to submit a less expensive generically equivalent drug for a brand-name drug unless you or your
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.)  doctor directs 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 refills of that prescription.
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. To verify Medicare Part B prescription coverage, call Medicare at 1 800 MEDICARE (1 800 633-4227).

### **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

# medco<sup>o</sup>

# Pay for medications with e-check. It's easy, convenient, and secure!

Medco now offers e-check to easily and conveniently pay for medications.

With e-check, one of the most secure payment methods available today, the co-payment or coinsurance is automatically deducted from your checking account. And you have a 10-day grace period between the time we send the order and the day the amount is deducted from your checking account.\*

To enroll and authorize Medco, just complete the form on the back and return it with your next order!

### **Authorization**

I authorize Medco to initiate a debit entry to the checking account provided on the back of this form. This authorization permits Medco to charge unpaid balances and future orders made by all covered dependents to my account, based on my authorization provided by mail, phone, or web. On future orders, Medco will include the amount to be charged to my checking account with the order. I acknowledge that the origination of ACH transactions to the account must comply with the provisions of U.S. law. This authorization will remain in effect until I have canceled it.

# E-CHECK ENROLLMENT FORM

bank routing number and account number on the front of your personal checks. The routing number is the 9-digit number located in the lower left-hand corner. Your account number is the number immediately to the right of the routing number. For more information, or to enroll online, visit www.medco.com To pay for medications by e-check, please complete the information below. You'll find your

	Member name: Date:	Name of bank account holder:	Address of bank account holder:	Bank account number:	Bank routing number:	Medco invoice number:
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<sup>\*</sup>Please note that if there are insufficient funds at the time Medco submits the funds transfer request, Medco will charge a \$10 fee. Your bank also may charge a nonsufficient funds fee.