



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, 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.

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. To verify Medicare Part B prescription coverage, call Medicare at 1 800 MEDICARE (1 800 633-4227).

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 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 "product." Please note that this applies only to new prescriptions and to any refills of that prescription.

For additional information or help, visit us at www.medco.com or call the number on your member ID card. TTY/TTD user should call 1 800 759-1089.

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)

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