

Medco By Mail Order Form

Benefits Provided by Medco

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. 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 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 into a standard, white, business-size envelope. Write or type the address of the mail service pharmacy on the front of the envelope and mail to Medco. The address can be found on the "forms and cards" page of our website at www.medco.com.

If You Need Additional Help

Call Member Services at the toll-free number on your ID card. The best times to call are Tuesday through Friday afternoons. See the second page of this form for additional instructions.

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Member Information

Member ID: _____
Group: _____
Name: _____
Street Address: _____
Street Address: _____
Street Address: _____
City, ST, ZIP: _____

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	Patient's relation to plan member (fill in one)	Sex	Birth date M/D/YYYY	Doctor name and phone number	Does patient have any other prescription plan?
1	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/>	<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 _____

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.

Reminder: To maximize your savings, ask your doctor for a 90-day supply (not a 30-day) with refills up to one year as appropriate. You will always be charged the mail-order copay/coinsurance when you send a prescription to the mail-order pharmacy.

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