

Ordering Medications from the Mail Service Pharmacy

For Refills

To order from our website: www.medcohealth.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 your 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 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 All Mail Orders

Place all prescriptions and refill slips together with this completed order form and your copayment in the enclosed return envelope.

If You Need Additional Help

A pharmacist is available 24 hours a day, seven days a week, for emergency consultations. Call Member Services at **1-800-903-8346**. Best times to call are Tuesday through Friday afternoons.

See the back of this form for additional instructions.

Member Information

Member ID#: _____

Group: BCBSMLG

Name: _____

Street Address: _____

Street Address: _____

Street Address: _____

City, ST Zip: _____

Daytime telephone: _____

Evening telephone: _____

Shipping address if different from your mailing address

Check if Temporary Permanent

You authorize release of all information to the plan administrator, underwriter, sponsor, policyholder, employer, and their agents for use in connection with the benefit plan programs. Information may also be used for other reporting and analysis purposes without identification of you or your family members.

Patient Information — Complete one line for each new prescription (Do not complete for refills)

Patient name and Medicare B number (if applicable)	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 Spouse Dependent	M F			Yes No
2	Self Spouse Dependent	M F			Yes No
3	Self Spouse Dependent	M F			Yes No

Order Information

Total number of medications in this order
(including all refills and new medications)

Subtotal of this order

Optional expedited shipping Yes
(\$9.00)

Total enclosed
(do not send cash)

Paying by Credit Card? Visa MC Disc/Novus AmEx Diners

CREDIT CARD NUMBER

X

EXPIRATION DATE

CARDHOLDER SIGNATURE

Check here to have all orders billed to your credit card.

By doing so, you authorize Medco Health to keep your card number on file and bill all future orders directly to your credit card. To enroll by phone, please call 1-800-948-8779.

Paying by check? Write your Member ID on your check or money order made payable to Medco Health.

Please take a minute to make sure...

- **You have included your doctor's signed prescription form and filled out the patient information on the front of the order form for each new prescription.**
- **You have either filled out the credit card section on the front of this order form or included a check or money order for the required copayment.**
- **You have written your member ID number on any check or money order.**
- **The Medco Health address on the front shows through the window of the return envelope.**
- **You have filled out the Health, Allergy and Medication Questionnaire. This information will help Medco Health better serve your prescription drug needs.**

Expedited shipping available

You should allow 7-11 days for normal delivery of your medications. For an additional fee, your order will be shipped by an expedited service offered to your area. This option must be chosen when you make the order, and cannot be applied after an order is already processed.

Additional Instructions

If you elect to have this and all future orders automatically charged to your credit card by checking the box on the front or enrolling by phone, bear in mind that the automated payment plan feature will apply to all mail service pharmacy orders, whether or not they are covered by your plan. Also note that we can only keep one credit card on record.

You may have a balance limit on your plan account. If you do, once your unpaid balance exceeds that limit no additional orders will be processed until the balance is paid.

You can call 1-800-948-8779 anytime to enroll in our automated payment plan, change the credit card on file, check your account balance or pay by phone using a credit card.

Ohio Law allows a less expensive, generically equivalent drug to be substituted for certain brand name drugs unless you or your physician direct otherwise.

Get more information from our website

Visit us at www.medcohealth.com

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