

# MEDCO BY MAIL ORDER FORM

PrescribaRx  
Medicare Prescription Drug Plans



## 1 Member information

Please verify or provide member information below.

Member ID: \_\_\_\_\_

RxGroup: \_\_\_\_\_

Date of Birth:         Gender:  M  F  
M M D D Y Y Y Y

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Daytime phone:

Please send me e-mail notices about the status of the enclosed prescription(s) and online orders at:

\_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

New shipping address:

\_\_\_\_\_  
\_\_\_\_\_

(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.)

Evening phone:

## 2 Member/Doctor information

If you have more than one prescription from the same doctor, complete just one section but include all prescriptions in the envelope provided. If you have prescriptions from more than one doctor, complete a new section for each doctor and include all prescriptions.

Doctor's last name                 1st initial  Doctor's phone number

Doctor's last name                 1st initial  Doctor's phone number

Doctor's last name                 1st initial  Doctor's phone number

Doctor's last name                 1st initial  Doctor's phone number

## 3 Complete your order

You can pay by 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.

Number of prescriptions sent with this order:

Payment options:  Payment enclosed  Credit card  Send bill

### For credit card payments:

Visa  MC  Discover  AmEx  Diners

Expiration date

M M Y Y

\_\_\_\_\_

Cardholder signature

Credit card number

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)

## 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 the typical 30-day supply, plus refills).

**Complete** the Member/Doctor information section.

**Be sure** you have filled out the Health, Allergy & Medication Questionnaire.

### Unpaid balances

If your plan limits the balance that you can carry on your account and you exceed that limit with this order, payment must be included. To price a medication, visit us online at **PrescribaRx.com** and click on the link for Medco mail order. To avoid processing delays, provide a credit card number in the "Complete your order" section on side 1.

### Generic substitution

Texas, Florida, and Ohio laws allow a generic equivalent drug to be substituted for certain brand-name drugs, unless you or your physician specifically directs otherwise. Ask your doctor or pharmacist whether safe, effective, and less expensive generic drugs are right for you. Or call PrescribaRx at the number on your Member ID card.

If you live in Texas, you have a right to refuse generic substitution. In many cases, choosing a brand-name product will result in a higher co-payment. **Check the box if you do not want a less expensive, generic version of your medication.** Please note that this only applies to this prescription and future refills of this prescription.

Pennsylvania law permits pharmacists to substitute a less expensive, generically equivalent drug for a brand-name drug unless you or your physician 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 future refills of that prescription.

### If you have Medicare Part B coverage

Medco does not submit prescription drug claims to Medicare Part B. Check your Medicare Part B coverage to determine whether Medicare Part B covers your prescription(s) **and** whether it will cost you less to use a Medicare Part B participating pharmacy. For a list of Medicare Part B participating pharmacies, call your local Medicare carrier or call **1-800-MEDICARE (1-800-633-4227)**. TTY/TDD users should call **1-877-486-2048**. For questions about your PrescribaRx mail order coverage through Medco, please call **1-866-544-3768**.

**If you need additional information or assistance,** visit us online at **PrescribaRx.com** and click on the link for Medco mail order or call PrescribaRx mail order Customer Service at **1-866-544-3768**. TTY/TDD users should call **1-800-716-3231**.

Please return in the enclosed postage-paid envelope or return to the address provided.

**Do not use staples or paper clips.**

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PRESCRIBARX/MEDCO HEALTH SOLUTIONS OF FORT WORTH, L.L.C.  
PO BOX 650322  
DALLAS TX 75265-0322



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