

<b>4 Payment and Shipping Information — do not send cash.</b>	
Standard delivery is at no charge. Most orders arrive about 7 days from the date your new prescription order is received. If clarification of your order is required, delivery may take longer. If you would like overnight shipping, please indicate below. Please note that expedited shipping only affects shipping time, not the processing time of your order. You may log on to <a href="http://www.optumrx.com">www.optumrx.com</a> to see to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.	
<input type="checkbox"/> <b>Ship overnight.</b> Add \$12.50 to order amount (subject to change). <input type="checkbox"/> <b>Check enclosed.</b> All checks must be signed and made payable to OptumRx. <input type="checkbox"/> <b>Charge to my credit card on file.</b> <input type="checkbox"/> <b>Charge to my NEW credit card.</b> Visa, MasterCard, AMEX and Discover are accepted.	
New Credit Card Number <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/>	Expiration Date (Month/Year) <input style="width: 15px; height: 15px;" type="text"/> / <input style="width: 15px; height: 15px;" type="text"/>
Signature:	Date:

Fold Here

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance, and other such expenses related to prescription orders. By supplying my credit card number, **I authorize OptumRx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, Customer Service can be contacted at any time.

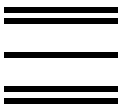
Detach and fold at the dotted lines.  
 Mail with the original prescription(s) to OptumRx using the attached envelope.

Fold Here

P.O. Box 2975, Mission, KS 66201  
 1-800-797-9791  
[www.optumrx.com](http://www.optumrx.com)

PLACE  
 STAMP  
 HERE

OPTUMRX  
 PO BOX 2975  
 MISSION KS 66201-1375



RETURN ADDRESS

## Frequently Asked Questions

### Can mail service help me save money compared to a retail pharmacy?

Yes. Most plans are designed to help members save money by using the Mail Service Pharmacy.

### Can the Mail Service Pharmacy ship medications that need refrigeration?

Yes. We ship perishable medications overnight in a temperature-controlled package at no charge.

### Is it safe to send drugs through the mail?

Yes. All medications are sealed in a plain, tamper-evident package so your order arrives safely.

### Are there more tools I can use to manage my prescriptions?

Yes. Go to [www.optumrx.com](http://www.optumrx.com) to turn your computer or cell phone into your personal prescription assistant with email and text message notifications.

### Questions?

If you have additional questions, our customer service advocates and licensed pharmacists are available at **1-800-797-9791 (TTY 711)**, 24 hours a day, 7 days a week. You can also visit our website at [www.optumrx.com](http://www.optumrx.com).



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## Enjoy the Many Benefits of Your Mail Service Pharmacy



### Advantages include:

- Up to a 90-day supply
- Home delivery
- Easy, safe and private
- You may save money

We can deliver up to a 90-day supply of your medications right to your mailbox, often for less than you pay at a retail pharmacy.

### How Mail Service Works:

**1** When your order arrives, a pharmacist reviews your order for drug interactions, allergies and proper dosage.

**2** After your medication is dispensed, another pharmacist reviews it a final time to ensure accuracy.

**3** Your medication is sealed in a plain, tamper-evident package. We then mail it directly to you and let you know when it shipped.

**4** New orders should arrive about 7 days after your completed order is received, unless we need more information from your doctor.

**5** We will notify you when it is time to refill your prescription. You can reorder by mail, phone or online at **www.optumrx.com**.

## Start Using Mail Service in Two Easy Steps

### Step 1

#### Tell your physician you would like to start using mail service.

When you and your doctor are sure you will take a medication regularly, ask your doctor to write you a prescription for a 90-day supply, plus three refills.

### Step 2

#### Contact OptumRx

- **Mail the attached order form to us**  
Include the original prescription(s). Write your member ID and date of birth on each prescription and mail with the completed order form(s). Please fill out one order form per person.
- **Or call 1-800-797-9791 (TTY 711)**  
We are available 24 hours a day, 7 days a week. Please have your medication name and doctor's telephone number ready when you call.



## New Prescription Mail-In Form

**1 Please use black or blue ink and mail this completed order form with your new prescription(s). DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.**

Primary Member ID Number: Plan Name:		(Additional coverage, if applicable) Secondary Member ID Number:	
Last Name		First Name	MI
Delivery Address			Apt. #
City	State	ZIP	Phone Number with Area Code
Date of Birth (mm/dd/yyyy) / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Email	
Physician's Name		Physician's Phone Number with Area Code	

**2 Health history**

<b>Medication Allergies:</b> <input type="checkbox"/> Amoxicil/Ampicillin <input type="checkbox"/> Erythromycin <input type="checkbox"/> Sulfa <input type="checkbox"/> Aspirin <input type="checkbox"/> NSAIDs <input type="checkbox"/> Tetracyclines <input type="checkbox"/> Cephalosporins <input type="checkbox"/> Penicillin <input type="checkbox"/> Others: _____ <input type="checkbox"/> Codeine <input type="checkbox"/> Quinolones   _____		<b>Health Conditions:</b> <input type="checkbox"/> Arthritis <input type="checkbox"/> Glaucoma <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Condition <input type="checkbox"/> Thyroid Disease <input type="checkbox"/> Cancer <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Others: _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> High Cholesterol   _____	
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**Over-the-counter/Herbal medications taken regularly:**

**3 "Pharmacy processing"**

**Generic substitution.** FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless you or your physician indicate otherwise. Brand-name medications may be subject to a higher cost.  
**If you require brand-name medications, please list those medications here:**

**Keep on file.** If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here:

**Notes to Pharmacy:**

Please complete order information on back side. ↩