

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

Doctor's last name

[Grid for doctor's last name]

1st initial

[Grid for 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

Doctor's last name

[Grid for doctor's last name]

1st initial

[Grid for 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 & 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. Or, call Member Services at 1 800 818-0093. To verify Medicare Part B prescription coverage, call Medicare at 1 800 MEDICARE (1 800 633-4227).

Automatic generic equivalent substitution of certain brand-name drugs is allowed by law in Texas, Florida, and Ohio, unless you or your doctor specifically directs otherwise.

If you live in Texas, you have a right to refuse safe, effective generics. Check the box **if you do not want the less expensive**, generic drug. This applies only to the prescription drug(s) on this order.

Pennsylvania law permits pharmacists to substitute a less expensive generically equivalent drug for a brand name drug unless you or your physician direct 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.

For additional information or help, visit us at **www.medco.com** or call Member Services at 1 800 818-0093. TTY/TDD users should call 1 800 759-1089.

FOLD HERE

FOLD HERE

Place your prescription(s), this form, and your payment in the envelope provided. Be sure the Medco address shows through the window. Do not use staples or paper clips.

**MEDCO HEALTH SOLUTIONS OF FAIRFIELD
PO BOX 747050
CINCINNATI OH 45274-7050**

