



Medco By Mail Order Form

Benefits Provided by Medical Mutual



MEDICAL MUTUAL™

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 **800/4REFILL** (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 All Mail Orders

Place all prescriptions and refill slips together with this completed order form and your copayment in the enclosed return envelope. Be sure to fold the form as indicated so the address on the bottom right shows through the window.

If You Need Additional Help

Call Member Services at **800/417-1961**. The best times to call are Tuesday through Friday afternoons.

See the back of this form for additional instructions.

Member Information

Member ID: _____

Group: _____

Name: _____

Street Address: _____

Street Address: _____

Street Address: _____

City, ST, ZIP: _____

Daytime telephone

Evening telephone

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

_____ @ _____

Shipping address if different from your mailing address

Check if: Temporary Permanent

Patient Information — complete one line for each patient (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 <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) \$.

Please be sure address is visible through window of return envelope.

Paying by Credit or debit 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 or debit 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 or debit card. To enroll by phone, please call 800/948-8779.

PLEASE NOTE: If you do not include payment (either by credit or debit card or by check or money order) with your order, your order may be delayed and you may be contacted for payment prior to the processing of your order.

Paying by check or money order? Write your member ID, for refills include your Rx#, and for new prescriptions, include the cardholders first and last name on your check or money order. All checks and money orders should be made payable to Medco.

MEDCO
PO BOX 182050
COLUMBUS OH 43218-2050



FOLD BACK HERE

FOLD BACK HERE

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 or debit 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 address on the front shows through the window of the return envelope.**
- **You have filled out the Health and Medication Questionnaire. This information will help Medco better serve your prescription drug needs.**

Please Note: Be sure to review your prescription with your doctor. For your convenience, your prescription benefit permits up to a 90-day supply, plus refills, as appropriate of medications you fill through Medco by Mail. To take advantage of this service, you must ask your doctor to write your prescriptions for up to a 90-day supply, plus refills, as appropriate for you. In most circumstances, your mail order copayment will be the same whether your prescription is written for a 90-day or less than a 90-day supply.

Expedited shipping available

For an additional fee, your order will be shipped by an expedited service offered in your area. This option must be chosen when you make the order, and it cannot be applied after an order has already been processed.

Additional Instructions

If you elect to have this and all future orders automatically charged to your credit or debit 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 orders. Also note that we can only keep one credit or debit card on record.

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

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

To all Medicare beneficiaries whose private health plan has elected to be billed primary for Medicare Part B covered drugs:

By choosing the Medco mail-order pharmacy to fill your prescription, you are choosing to use the prescription drug coverage provided by your group health plan. Medco will process your prescription under your group health plan coverage, independent of the Medicare program, and no claim will be submitted to Medicare. If you believe that Medicare may also provide coverage and would like Medicare to pay for your prescription, you should go to a Medicare-participating pharmacy in your area. For a list of convenient Medicare-participating pharmacies, please call your local Medicare carrier or 800/MEDICARE. If you have any questions about the difference in coverage between your group health plan coverage and Medicare, please call 800/417-1961.

