



**Patient/doctor information continued**

First name

Last name

Birth date (MM/DD/YYYY)

Sex

 M  F

Patient's relationship to member

 Self  Spouse  Dependent

Doctor's last name

1st initial

Doctor's phone number

First name

Last name

Birth date (MM/DD/YYYY)

Sex

 M  F

Patient's relationship to member

 Self  Spouse  Dependent

Doctor's last name

1st initial

Doctor's phone number

**Important reminders and other information**

**Check** that your doctor has prescribed the maximum days' supply allowed by your plan (not a 30-day supply), plus refills for up to 1 year, if appropriate. 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 1 877 567-5547. To verify Medicare Part B prescription coverage, call Medicare at 1 800 MEDICARE (1 800 633-4227).

**Medco will make all possible efforts, as appropriate by law, to substitute generic formulations of medication, unless you or your doctor specifically directs otherwise.**

Pennsylvania and Texas laws permit pharmacists to substitute a less expensive generic equivalent for a brand-name drug unless you or your doctor directs otherwise.

**Check the box if you do not wish a less expensive brand or generic drug.**

Please note that this applies only to new prescriptions and to any refills of that prescription.

**For additional information**, log in to **www.medco.com** or call Member Services at 1 877 567-5547. TTY/TDD users should call 1 800 759-1089.

*Federal law prohibits the return of dispensed controlled substances.*

Program: <<XXXXXXXXXX>>



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 NETPARK, L.L.C.  
PO BOX 30493  
TAMPA, FL 33630-3493



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