Ordering Medications from the Medco Health Home Delivery Pharmacy Service™

Benefit Administered by Medco Health
See the back of this form for instructions.

Customer Information

UnitedHealthcare ID: ______________
Group: PD1 UHEALTH

Name: ______________
Street Address: ______________
Street Address: ______________
Street Address: ______________
City, ST Zip: ______________

Daytime telephone ☐☐☐ ☐☐☐ ☐☐☐☐

Evening telephone ☐☐☐ ☐☐☐ ☐☐☐☐

FOLD BACK HERE

Shipping address if different from your mailing address
Check if ☐ Temporary ☐ Permanent

____
____
____

You authorize release of all information to the plan administrator, underwriter, sponsor, policyholder, employer, and their agents for use in connection with the benefit plan programs. Information may also be used for other reporting and analysis purposes without identification of you or your family members.

Patient Information – Complete one line for each new prescription (Do not complete for refills)

Patient name and Medicare B number (if applicable)	Patient's relation to plan subscriber (fill in one)	Sex	Birth date M/D/YYYY	Doctor name and phone number	Does patient have any other prescription plan?
1	Self ☐ Spouse ☐ Dependent ☐	☐ M ☐ F	/ /		☐ Yes ☐ No
2	Self ☐ Spouse ☐ Dependent ☐	☐ M ☐ F	/ /		☐ Yes ☐ No
3	Self ☐ Spouse ☐ Dependent ☐	☐ M ☐ F	/ /		☐ Yes ☐ No

FOLD BACK HERE

Order Information

Total number of medications in this order ☐
(including all refills and new medications)

Subtotal of this order $ ☐☐☐.☐☐

Optional expedited shipping $ ☐☐.☐☐

Total enclosed $ ☐☐☐.☐☐
(do not send cash)

Send non child-resistant caps ☐

Paying by Credit Card? ☐Visa ☐MC ☐Discover/Novus ☐AmEx ☐Diners

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
CREDIT CARD NUMBER

M ☐☐ Y ☐☐
EXPIRATION DATE

X ______________
CARDHOLDER SIGNATURE

☐ **Check here to have all orders billed to your credit card.**
By doing so, you authorize Medco Health to keep your card number on file and bill all future orders directly to your credit card. To enroll by phone, please call 1-800-948-8779.

Paying by check? Write your Customer ID on your check or money order made payable to Medco Health.

MEDCO HEALTH
PO BOX 747000
CINCINNATI OH 45274-7000

If You Need Additional Help A pharmacist is available 24 hours a day, seven days a week, for emergency consultations. Call Customer Service at the toll free telephone number on your ID card.

For Refills

To order from our website: **www.myuhc.com/pharmacy.** Have your Customer 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 **1-800-4REFILL** (1-800-473-3455) to use the automated refill system. Have your Customer 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 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. Refer to your pharmacy benefit document and ask your physician to order your prescription for the maximum quantity your plan allows.

For All 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.

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 card section on the front of this order form or included a check or money order for the required copayment.

You have written your customer ID number on any check or money order.

Expedited shipping available

You should allow 7-14 days for normal delivery of your medications. For an additional fee, your order will be shipped by an expedited service offered to your area. This option must be chosen when you make the order, and cannot be applied after an order is already processed.

Additional Instructions

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

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

You can call 1-800-948-8779 anytime to enroll in our automated payment plan, change the credit card on file, check your account balance or pay by phone using a credit 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.myuhc.com/pharmacy**

100-2738 (UHG4) 7/02