

## TO GET STARTED

Talk to your doctor about using OptumRx Mail Service Pharmacy. Then choose one of three easy ways to place your first order:

1. Visit **www.optumrx.com** and click on **Register Now**.
2. Call customer service at the number on the back of your ID card.
3. Use the attached order form and envelope. Then send us the completed order form and your written prescriptions. Please detach the form and envelope from this brochure.

Once we receive your completed order for a new prescription, your medication should arrive in about 10 business days, while refill orders should arrive in about 7 business days.



All Optum™ trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners.

ORX6300K\_130211 ©2013 OptumRx, Inc.



## New Prescription Mail-In Order 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:		(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="radio"/> M <input type="radio"/> F	Email	
Physician Name		Physician Phone Number with Area Code	

**2 Health history**

<b>Medication Allergies:</b> <input type="radio"/> None Known <input type="radio"/> Amoxicil/Ampicillin <input type="radio"/> Penicillin <input type="radio"/> Aspirin <input type="radio"/> Quinolones <input type="radio"/> Cephalosporins <input type="radio"/> Sulfa <input type="radio"/> Codeine <input type="radio"/> Tetracyclines <input type="radio"/> Erythromycin <input type="radio"/> Others: _____ <input type="radio"/> NSAIDs		<b>Health Conditions:</b> <input type="radio"/> None Known <input type="radio"/> Arthritis <input type="radio"/> High Blood Pressure <input type="radio"/> Asthma <input type="radio"/> High Cholesterol <input type="radio"/> Cancer <input type="radio"/> Osteoporosis <input type="radio"/> Diabetes <input type="radio"/> Thyroid Disease <input type="radio"/> Glaucoma <input type="radio"/> Others: _____ <input type="radio"/> Heart Condition	
--	--	--	--

**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:**



Helping You Get the Most from your Pharmacy Benefits

# Mail Service & You



## 4 Payment and shipping information — do not send cash.

Standard delivery is included at no charge. New prescriptions should arrive within 10 business days from the date the completed order is received by the Mail Service Pharmacy. Completed refill orders should arrive in about 7 business days. OptumRx will contact you if there will be an extended delay in the delivery of your medications.

You may log on to [www.optumrx.com](http://www.optumrx.com) to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.

- Ship overnight.** Add \$12.50 to order amount (subject to change).
- Check enclosed.** All checks must be signed and made payable to: OptumRx.
- Charge to the following credit card:**

Credit Card Number

\_\_\_\_\_

Expiration Date (Month/Year)

\_\_\_\_/\_\_\_\_

Visa, MasterCard, AMEX and Discover are accepted.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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.

