

Patient/doctor information continued

First name

Last name

Birth date (MM/DD/YYYY)

Sex

 M F

Patient's relationship to member

 Self Spouse Dependent Domestic partner

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 Domestic partner

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, plus refills for up to 1 year, if appropriate (not a 30-day supply, plus refills).

Complete a patient/doctor section for *each* person with a prescription.

Be sure you have filled out the Health & Medication Questionnaire.

Unpaid balances

If your plan limits the balance that you can carry on your account and you exceed that limit with this order, payment must be included. To price a medication, visit us online at **www.medco.com** and click "Price a medication." To avoid processing delays, call Member Services to enroll in our e-check program or provide a credit card number in the "Complete your order" section on side 1.

Generic substitution

Texas, Florida, and Ohio laws allow a generic equivalent drug to be substituted for certain brand-name drugs, unless you or your physician specifically directs otherwise. Ask your doctor or pharmacist whether safe, effective, and less expensive generic drugs are right for you. Or, call Medco at the number

on your member ID card and ask to speak with a pharmacist. Pharmacists are available 24 hours a day, 7 days a week, to answer questions concerning your prescription.

If you live in Texas, you have a right to refuse generic substitution. In many cases, choosing a brand-name product will result in a higher co-payment. **Check the box if you do not want a less expensive, generic version of your medication.** Please note that this only applies to this prescription and future refills of this prescription.

If you have Medicare Part B coverage

Medco does not submit prescription drug claims to Medicare Part B. Check your Medicare Part B coverage to determine whether Medicare Part B covers your prescription(s) **and** whether it will cost you less to use a Medicare Part B participating pharmacy. For a list of Medicare Part B participating pharmacies, call your local Medicare carrier or call **1 800 MEDICARE (1 800 633-4227)**. For questions about your Medco-administered coverage, please call Member Services.

If you need additional information or assistance, visit us online at **www.medco.com** or call Medco Member Services.

Mail your prescription(s) (and refill slips), all forms (order form and the e-check enrollment form and Health and Medication Questionnaire, if applicable), and your payment in a standard business envelope to the appropriate mail-service pharmacy. You'll find the address online in the "Forms and cards" section of our website, **www.medco.com**. **Do not use staples or paper clips.**

Pay for medications with e-check. It's easy, convenient, and secure!

Medco now offers e-check to easily and conveniently pay for medications.

With e-check, one of the most secure payment methods available today, the co-payment or coinsurance is automatically deducted from your checking account. And you have a 10-day grace period between the time we send the order and the day the amount is deducted from your checking account.*

To enroll and authorize Medco, just complete the form below and return it with your next order!

Authorization

I authorize Medco to initiate a debit entry to the checking account provided below. This authorization permits Medco to charge future orders **made by all covered dependents** to my account, based on my authorization provided by mail, phone, or web. In all cases, Medco will include the amount to be charged to my checking account with the order. I acknowledge that the origination of ACH transactions to the account must comply with the provisions of U.S. law. This authorization will remain in effect until I have canceled it.

* Please note that if there are insufficient funds at the time Medco submits the funds transfer request, Medco will charge a \$10 fee. Your bank also may charge a nonsufficient funds fee.

E-CHECK ENROLLMENT FORM



To pay for medications by e-check, please complete the information below. You'll find your bank routing number and account number on the front of your personal checks. The routing number is the 9-digit number located in the lower left-hand corner. Your account number is the number immediately to the right of the routing number. **For more information, or to enroll online, visit www.medco.com.**

Member name: _____ Date: ____/____/____

Name of bank account holder: _____

Address of bank account holder: _____

Bank account number:

Bank routing number:

Medco invoice number: _____ Signature: _____

Group Number

Member Number

Section 3: Medical Conditions

Please list names of each family member enrolled in the appropriate column. Then for each family member, fill in the circle next to each condition if a doctor ever said *that particular family member* has any of the following conditions.

	Member	Spouse	Dependent	Dependent	Dependent
First Name:					
Heart Failure (weak heart)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure (hypertension)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart attack or angina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol (hypercholesterolemia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic bronchitis or emphysema (COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergies, runny nose, hay fever (allergic rhinitis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood sugar (diabetes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thyroid disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peptic, stomach or duodenal ulcer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastric reflux, heartburn or esophagitis (GERD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inflammatory bowel disease (colitis, Crohn's disease)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High pressure in the eyes (glaucoma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor circulation in the legs (peripheral vascular disease)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble with blood not clotting properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enlarged prostate (benign prostatic hyperplasia, BPH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Migraine headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Print other medical conditions not listed above in the space provided. Example - <i>Glaucoma</i> →					

For more information about Medco, please visit us online
at **www.medco.com**.

Please complete both pages and staple together.

Please return the questionnaire with your prescription or refill order form.

Thank you very much.