



**1 Member information:** Please verify or provide Member information below.

**Member ID:** \_\_\_\_\_

**Group:** RX4LCPS

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

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

☐ New shipping address: \_\_\_\_\_

(Medco will keep this address on file for all orders from this membership until another shipping address is provided by any person in this membership.)

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

**2 Patient/doctor information:** Complete **one section** for each person with a prescription. If a person has prescriptions from more than one doctor, complete a new section for each doctor (additional sections are on back). Send all prescriptions in the envelope provided.

First name

Last name

Birth date (MM/DD/YYYY)

Sex

Patient's relationship to member

\_\_\_\_\_  
M F

☐ Self ☐ Spouse ☐ Dependent

Doctor's last name

1st initial

Doctor's phone number

First name

Last name

Birth date (MM/DD/YYYY)

Sex

Patient's relationship to member

\_\_\_\_\_  
M F

☐ Self ☐ Spouse ☐ Dependent

Doctor's last name

1st initial

Doctor's phone number

**3 Complete your order:** You can pay by e-check, check, money order, or credit card. Make checks and money orders payable to **Medco Health Solutions, Inc.**, and write your member ID number on the front. You can enroll for e-check payments and price medications at **www.medco.com**, or call **1 800 886-9672**.

**Number of prescriptions sent with this order:** \_\_\_\_\_

**Payment options:** ☐ e-check ☐ Payment enclosed ☐ Credit card ☐ Send bill

**For credit card payments:**

☐ Visa ☐ MC ☐ Discover ☐ Amex ☐ Diners

Credit card number

Expiration date

\_\_\_\_\_  
M M Y Y

**X**

Cardholder signature

☐ I authorize Medco to charge this card for all orders from any person in this membership.

**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 1 800 886-9672. 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** or help, visit us at

**www.medco.com** or call Member Services at

1 800 886-9672. TTY/TDD users should call 1 800 759-1089.

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

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 FAIRFIELD**  
**PO BOX 747000**  
**CINCINNATI OH 45274-7000**

