

Fill your prescriptions with home delivery.

How it works:

- 1 Order a three-month supply** of the medications you take regularly.
- 2 OptumRx® home delivery fills your order**, mails it to you and lets you know when to expect your delivery.
- 3 Your medication arrives** within 4 to 7 days of placing the order.

OptumRx home delivery will notify you if there will be a delay in your order.

Three easy ways to enroll:

- Online.** Log in to your member account at www.harvardpilgrim.org
Click “Check drug coverage & costs”
to go to an OptumRx page where you can set up
your mail order account.
- Phone.** Call **1-855-524-0380** (TTY 711).
- Mail.** Complete the attached order form and mail it to
OptumRx, P.O. Box 2975, Mission, KS 66201.

The benefits of home delivery.



Your medication is delivered right to your mailbox, saving you a trip to the pharmacy.



Your medication could cost less.



Pay nothing for standard shipping.



Phone, text¹ and email reminders help you remember every dose and every refill.

Manage your home delivery medication(s) on the go.

Starting January 1, 2020, order and track your prescriptions online through your member account at www.harvardpilgrim.org or download and open the OptumRx app.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care and Harvard Pilgrim Health Care of New England.

1 OptumRx home delivery provides this service at no additional cost. Standard message and data rates charged by your carrier may apply.

OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at optum.com.

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NEW PRESCRIPTION MAIL-IN ORDER FORM

1 Member and physician information — please use black or blue ink. One form per member.

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

Medication Allergies:

<input type="radio"/> Aspirin	<input type="radio"/> Erythromycin	<input type="radio"/> Quinolones	<input type="radio"/> Others: _____
<input type="radio"/> None known	<input type="radio"/> Cephalosporins	<input type="radio"/> NSAIDs	_____
<input type="radio"/> Amoxicil/Ampicillin	<input type="radio"/> Codeine	<input type="radio"/> Penicillin	_____
		<input type="radio"/> Tetracyclines	_____

Health Conditions:

<input type="radio"/> Asthma	<input type="radio"/> Glaucoma	<input type="radio"/> High cholesterol	<input type="radio"/> Others: _____
<input type="radio"/> None known	<input type="radio"/> Cancer	<input type="radio"/> Heart condition	_____
<input type="radio"/> Arthritis	<input type="radio"/> Diabetes	<input type="radio"/> High blood pressure	_____
		<input type="radio"/> Osteoporosis	_____
		<input type="radio"/> Thyroid Disease	_____

Over-the-counter/herbal medications taken regularly: _____

3 Payment and shipping information — do not send cash

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

You may log on to 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 my credit card on file.

Charge to my NEW credit card.

New Credit Card Number

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Expiration Date (Month/Year)

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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, contact customer service at any time.

4 Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 2975, Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

