

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: Aspirin Erythromycin Quinolones Others:
 None known Cephalosporins NSAIDs Sulfa
 Amoxicil/Ampicillin Codeine Penicillin Tetracyclines

Health Conditions: Asthma Glaucoma High cholesterol Others:
 None known Cancer Heart condition Osteoporosis
 Arthritis Diabetes High blood pressure 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.

<input type="radio"/> Ship overnight. Add \$12.50 to order amount (subject to change). <input type="radio"/> Check enclosed. All checks must be signed and made payable to: OptumRx. <input type="radio"/> Charge to my credit card on file. <input type="radio"/> Charge to my NEW credit card.	<p style="text-align: center;">New Credit Card Number</p> <div style="border: 1px dashed black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="text-align: center;">Expiration Date (Month/Year)</p> <div style="border: 1px dashed black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="text-align: right; font-size: small;">Visa, MasterCard, AMEX and Discover are accepted.</p>
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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.

