

NEW PRESCRIPTION MAIL-IN ORDER FORM

Medication Allergies: O Aspirin O Erythromycin O Quinolones O Others: O None known O Cephalosporins O NSAIDs O Sulfa O Amoxil/Ampicillin O Codeine O Penicillin O Tetracyclines Health Conditions: O Asthma O Glaucoma O High cholesterol O Others: O None known O Cancer O Heart condition O Osteoporosis O Arthritis O Diabetes O High blood pressure O Thyroid Disease Over-the-counter/herbal medications taken regularly:	Member and	physician	inforn	natio	on — pleas	e use l	blac	k or blue	ink. O	ne for	m per memb	er.
Last Name First Name MI Delivery Address Apt. # Phone Number with Area Code Date of Birth (mm/dd/yyyy) Gender OM OF Physician Name Physician Phone Number with Area Code Physician Name Mil	Member ID Number				,							
Delivery Address City Phone Number with Area Code Date of Birth (mm/dd/yyyy) Gender O M O F Physician Name Physician Phone Number with Area Code Physician Name Physician Phone Number with Area Code Physician Name Physician Phone Number with Area Code Physician Name Physician Phone Number with Area Code Physician Physician Phone Number with Area Code Physician	(Additional coverage, if	applicable) S	Secondary	Mem	iber ID Numbei	r						
City State ZIP Phone Number with Area Code Date of Birth (mm/dd/yyyy) Gender O M O F Email Physician Name Physician Phone Number with Area Code Health history Medication Allergies: O Aspirin O Enythromycin O Quinolones O Others: O None known O Cephalosporins O NSAIDs O Sulfa O Amoxil/Ampicillin O Codeline O Penicillin O Tetracyclines Health Conditions: O Asthma O Glaucoma O High cholesterol O Others: O None known O Cancer O Heart condition O Osteoporosis O Arthritis O Diabetes O High blood pressure O Thyroid Disease Over-the-counter/herbal medications taken regularly: 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 10 business days from the date the completed order is received. Completed refill orders should arrive within about 10 business days from the date the completed order is received. Completed refill orders should arrive within about 10 business days from the date the completed order is received. Completed refill orders should arrive within about 10 business days from the date the completed order is received. Completed refill orders should arrive within about 10 business days from the date the completed order is received. Completed refill orders should arrive within about 10 business days from the date the completed order is received. All checks must be signed and made payable to: OptumRx. Ship overnight. Add \$12.50 to order amount (subject to change). Charge to my NEW credit card on file. Charge to my NEW credit card on file. Charge to my NEW credit card on file. Charge to my NEW credit card on file as patched 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	Last Name	First Name						MI				
Phone Number with Area Code Date of Birth (mm/dd/yyyy) Gender OM OF Physician Name Physician Phone Number with Area Code Health history Medication Allergies: O Aspirin O Enythromycin O Quinolones O Others: O None known O Cephalospoprins O SAIDS O Sulfa O Sulfa O Amoxil/Ampicillin O Codeine O Pencillin O Tetracyclines Health Conditions: O Asthma O Glaucoma O High cholesterol O Others: O None known O Cancer O Heart condition O Steepporosis O Arthritis O Diabetes O High blood pressure O None known O Cancer O Heart condition O Steepporosis O Thyroid Disease Over-the-counter/herbal medications taken regularly: 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 refil 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 optumx.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). Charge to my credit card on file. Charge to my credit card on file. Charge to my NEW credit card on file. Expiration Date (Month/Year) Visa, MasterCard, AMEX and Discover are accepted. Date: Expiration Date (Month/Year) 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	Delivery Address										Apt. #	
Date of Birth (mm/dd/yyyy) Gender O M O F Physician Name Physician Phone Number with Area Code Health history Medication Allergies: O Aspirin O None known O Cephalosporins O NosAlDs O Sulfa O Amoxil/Ampicillin O Codeine O Penicillin O Tetracyclines Health Conditions: O Asthma O Glaucoma O High cholesterol O Others: O Arthritis O Diabetes O High blood pressure O Thyroid Disease Over-the-counter/herbal medications taken regularly: 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). Charge to my credit card on file. O Charge to my credit card on file. Charge to my NEW credit card. 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	City				State			ZIP				
Physician Phone Number with Area Code Health history Medication Allergies: O Aspirin O Erythromycin O Quinolones O Others: O None known O Cephalosporins O NSAIDs O Sulfa O Amoxil/Ampicillin O Codeine O Penicillin O Tetracyclines Health Conditions: O Asthma O Glaucoma O High cholesterol O Others: O None known O Canner O Heart condition O Osteoporosis O Arthritis O Diabetes O High blood pressure O Thyroid Disease Over-the-counter/herbal medications taken regularly: 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 referil 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). O check enclosed. All checks must be signed and made payable to: OptumRx. O charge to my credit card on file. Charge to my NEW credit card. Signature: 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	Phone Number with Are	ea Code										
Physician Phone Number with Area Code Health history	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '											
Medication Allergies: O Aspirin O Erythromycin O Quinolones O Others:	Physician Name											
Medication Allergies: O Aspirin O Erythromycin O Quinolones O Others: O None known O Cephalosporins O NSAIDs O Sulfa O Amoxil/Ampicillin O Codeine O Penicillin O Tetracyclines Health Conditions: O Asthma O Glaucoma O High cholesterol O Others: O None known O Cancer O Heart condition O Osteoporosis O Arthritis O Diabetes O High blood pressure O Thyroid Disease Over-the-counter/herbal medications taken regularly: 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 on file. Expiration Date (Month/Year) Visa, MasterCard, AMEX and Discover are accepted. Expiration Date (Month/Year) Date: Date: Date: Date:	Physician Phone Number	er with Area	Code									
O None known O Amoxil/Ampicillin O Codeine O Penicillin O Tetracyclines Health Conditions: O Asthma O Glaucoma O High cholesterol O Others: O Thyroid Disease Over-the-counter/herbal medications taken regularly: 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. Signature: Date: Date: Date: Date: Date: Date: Date:	Health history	у			"							
Health Conditions: O Asthma O Glaucoma O High cholesterol O Others: O None known O Cancer O Heart condition O Osteoporosis O Thyroid Disease Over-the-counter/herbal medications taken regularly: 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. 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	O None known	O Cephalosporins			SAIDs	0	O Sulfa		O Othe	rs:		
Over-the-counter/herbal medications taken regularly: 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. 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	O None known	O Cancer		O Heart condition		0	O Osteoporosis		O Othe	rs:		
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. Signature: 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	Over-the-counter/her	bal medicat	ions take		-							
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. Signature: 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 and	shipping	inforn	natio	on — do no	ot send	d ca	sh				
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. Signature: 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	order is received. Comp	leted refill or	ders shoul									leted
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. Signature: 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	You may log on to optu may not be returned for	umrx.com to r a refund or	see if dru adjustmer	ig pric nt.	ing informatior	n is availa	ble b	efore enclosi	ng payme	ent. Once	shipped, medica	tions
signed and made payable to: OptumRx. Charge to my credit card on file. Charge to my NEW credit card. 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					New Credit Card Number						-,	
Charge to my NEW credit card. 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	signed and made payable to: OptumRx.											
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									ar	nd Discov	er are accepted.	
related to prescription orders. By supplying my credit card number, I authorize OptumRx to maintain my credit card on file as	Signature:								D	ate:		
Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 2975,	related to prescription o payment method for	rders. By sup any future c	plying my harges.	credit To mo	card number, I dify payment se	l author election,	ize O conta	ptumRx to ict customer	maintair service at	any time	dit card on file a	

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.

