

## New home delivery prescription order form

1. Member and phys	sician information -	- please us	e black o	r blue ink. One	e form per member.	
Member ID number						
(Additional coverage, if a	applicable) Secondary n	nember ID nu	mber			
Last name			First name	e	MI	
				12		
Delivery address			I.		Apt.#	
City		State	State			
Phone number with area	anda					
Phone number with area	code					
Date of birth (mm/dd/yyyy)		Email addre	mail address			
Physician name		'				
Physician phone number	r with area code					
2. Health history	□ A an inin					
Medication allergies:		☐ Erythromycin		☐ Quinolones	☐ Others:	
□ None known	<ul><li>□ Cephalosporins</li><li>□ Codeine</li></ul>	<ul><li>□ NSAIDs</li><li>□ Penicillin</li></ul>		☐ Sulfa		
☐ Amoxil/Ampicillin  Health conditions:	☐ Codeme	☐ Glaucom		☐ Tetracyclines		
□ None known	☐ Cancer	☐ Heart cor				
☐ Arthritis	☐ Diabetes		ndition			
Over-the-counter medic						
Over the counter medic	acions, vicamins and no	Daisappienie	zires carciii	egulariy.		
3. Payment and ship	ping information -	- do not ser	nd cash			
				thin 5 business d	lays after the pharmacy receives the	
complete order. The pha	rmacy will contact you i	if there will be	an extend	ed delay in delive	ering your medications.	
Visit the website listed o may not be returned for			g pricing be	fore sending pay	yment. Once shipped, medications	
	,		-1:4	- h - u		
<ul> <li>Expedite shipping. Add \$20.00 to order amount (subject to change).</li> </ul>		New cred	New credit card number			
☐ <b>Check enclosed.</b> All checks must be		<u> </u>				
signed and made payable to: Optum Rx.		Expiratio	Expiration Date (Month/Year) Visa, MasterCard, AMEX			
☐ Charge to my cred	,			and Discover are accepted.		
☐ Charge to my new	credit card.	LL	i/ Li_	. 1 1		
Signature:		Date:				
					ay/coinsurance and other such	

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 Optum Rx 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 Optum Rx, P.O. Box 2975, Mission, KS 66201. Do not staple or tape prescriptions to the order form.

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