



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

Member ID: _____

Group: **FLORIDARX**

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

☐ 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

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 **1-877-531-4793**.

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

Expiration date

M M Y Y

X

Cardholder signature

Credit card number

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

☐ Rush the mailing of this shipment (\$15, cost subject to change). NOTE: This will only rush the shipping, not the processing of your order. Street address is required; P.O. box is not allowed.

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 up to a 90-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 is 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.)

You can also enroll in our **Extended Payment Program** online at **www.medco.com** or by calling Medco Member Services at 1-877-531-4793. Once you enroll, you will be billed for the cost of your medications in three installments.

For additional information, visit us at **www.medco.com** or call Member Services at 1-877-531-4793. TTY/TDD users should call 1-800-759-1089.

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.

*The **Medco Pharmacy** cannot restock **ANY** dispensed medications and must destroy medications that are returned. In addition, federal law prohibits the return of 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 NETPARK, L.L.C.
PO BOX 30493
TAMPA, FL 33633-0561

