

	Mail thi	Mail this form to:		
Member ID # (if not shown or i	f different from above)	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
Prescription Plan Sponsor or (Company Name			
Instructions:	and print in capital letters. Fill	in both aidea of this form		
	r new prescriptions with this for			
	, or write in Rx number(s) below. SOONER request refills or new 3.	Number of Refill prescriptions:		
A Shipping Address. To ship	to an address different from the	e one printed above, enter the changes here.		
Last Name	First	Name MI Suffix (JR, S		
Street Address		Apt./Suite # Use shipping addres for this order only.		
City		State ZIP Code		
Daytime Phone #:	Evenir	ng Phone #:		
B Refills. To order mail service	ce refills, enter your prescription	number(s) here.		
1)2)	3)	4)		
5)6)_	7)	8)		
Medicaid Members cannot ch on the back of this form. Plea	oose 2nd Business Day or Next se visit your retail pharmacy if y	t Business Day delivery options in Section E ou need your prescription right away.		
this, we will substitute equival	lent generic medicines for brand enerics, please provide specific	nes at the best possible price. In order to do d name medicines whenever possible. If you e instructions, including drug names, in the		
We may package all of these prescriptio	ns together unless you tell us not to. CVS/caremark Mail Service Pharmacy us nefit plan for payment. If you do not want nay call Customer Care to make alternate nt.	sing this form		

C Tell us about the people ordering prescriptions. If there are more than two people, please complete another form.

	First person with a refill or new prescription.		() Span	ish forms and labels	;	
	Last Name	First Name		Suffix (JR,SR)		
		Date of Birth				
	E-Mail Address:		e new prescription written:	_		
	Doctor's Last NameDoctor's First NameDoctor's Phone #					
	Tell us about new health information for 1st person if never provided or if changed. Allergies: None Aspirin Cephalosporin Codeine Erythromycin Penicillin Sulfa Other: Sulfa Sulfa Sulfa Sulfa Sulfa Sulfa					
	Medical Conditions: Arthritis Asthma Diabetes Acid Reflux Glaucoma Heart Problem High Blood Pressure High Cholesterol Migraine Osteoporosis Prostate Issues Thyroid Other: Image: Conditions: Image: Condites: Image: Conditions:					
	Second person with a refill or new prescription.		() Span	ish forms and labels	-	
A	Last Name	First Name	<u>MI</u>	Suffix (JR,SR)	♦	
fold here ᢣ		Date of Birth			fold here	
fold	E-Mail Address:		e new prescription written:		fold	
Please 1	Doctor's Last Name Doctor's First	Name	Doctor's Phone	#	Please .	
Ple	Tell us about new health information for 2nd person				<u> </u>	
	Allergies:NoneAspirinCephalosporinSulfaOther:	() Codeine	C Erythromycin C Pe	eanuts () Penicillin		
	Medical Conditions: Arthritis Asthma Diabe High Blood Pressure High Cholesterol Mig Other:	graine 0 C	Osteoporosis O Prostate	<u> </u>		
D	Special Instructions:				1	
F	How would you like to pay for this order? (If your c	onavis \$0. v	ou do not need to provide na	avment information)		
	 Electronic Check. Pay from your bank account. (
	Use my PayPal Credit account. Works like a credit card. (You must first register online.)					
	Oredit or Debit Card. (VISA [®] , MasterCard [®] , Discover [®] , or American Express [®])					
Please fold here 🔸	O Use your card on file.					
fold	Use a new card or update your card's expiration date.					
ase 1	Exp.Date MMYY				Please fold here	
Plea	Check or Money Order. Amount: \$		Credit Card Holder S	Signature/Date	Plex	
* WEB *	 Make check or money order out to CVS/caremark. Write your prescription benefit ID number on your check or money order. If your check is returned, we will charge you up to 		Regular delivery is free a days from the day you sen If you want faster delive 2nd Business Day	id this form. ery, choose: r (\$17) Business days are only	*	
	Payment for Balance Due and Future Orders: If y Electronic Check, PayPal Credit, or a Credit Card or Card, we will also use it to pay for any balance that y and for future orders.	ou choose Debit you owe	 Next Business Day Faster delivery charges may c Faster delivery is for shipping Faster delivery can only be se not a PO Box. 	hange. time only, not processing.	Ξ	
	 Fill in this oval if you DO NOT want us to use this performance of the second second	oayment				