Medco By Mail Order Form

PREMERA BLUE CROSS

Your mail-order pharmacy service is provided through Medco Health Solutions, an independent company that offers Premera members speed, convenience and savings for prescription drugs.

For All Mail Service Orders

Place all prescriptions and refill slips together with this completed order form and your copayment in the enclosed return envelope. Be sure to fold the form as indicated so the address on the bottom right shows through the window.

For New Prescriptions

Fill out one line of the Patient Information Section for each new prescription you send. Be sure to include the patient's full name, date of birth, and address, along with the doctor's name and phone number. **Your Mail Service cost share applies regardless of the days' supply written on your prescription. To optimize your benefit, prescriptions should be written for up to the supply maximum allowed by your Plan.**

For Refills

To order on the Internet: Visit **MyPharmacyPlus** through the Pharmacy section at *www.premera.com*. Have your Member ID Number and Prescription (Rx) number on hand. Your 12-digit Prescription or Rx number can be found on your refill slip.

To order by phone: Call **1-800-4REFILL** (1-800-473-3455) to use the automated refill system. Have your Member ID Number and your refill slip with the prescription information ready.

To order by mail: Include your refill slip(s) with this form. Do not complete the Patient Information section for refills.

If You Need Additional Help

Call Medco Member Services at **1-800-391-9701.** They are open 24 hours a day, 7 days a week. See the back of this form for additional instructions.

FOLD BACK HERE

Subscriber Information (See your ID card)

Prefix ☐☐☐ ***Identification Number*** ☐☐☐☐☐☐☐☐☐

Rx Group Number: ***BCWAPDP***

Employer Group Name: _____

Subscriber Name: _____

Street Address: _____

_____

City, ST, ZIP: _____

Daytime telephone _____

Evening telephone _____

Shipping address if different from your mailing address

Check if ☐ Temporary ☐ Permanent

_____

_____

_____

Patient Information—Complete one line for each new prescription *(Do not complete for refills)*

Patient name and Medicare B number (if applicable)	Patient's relation to Plan Subscriber *(fill in one)*			Gender	Birth date M/D/YYYY	Doctor name and phone number	Does patient have any other prescription plan?
1	Self ☐	Spouse/Domestic Partner ☐	Dependent ☐	☐ M ☐ F	/ /		☐ Yes ☐ No
2	Self ☐	Spouse/Domestic Partner ☐	Dependent ☐	☐ M ☐ F	/ /		☐ Yes ☐ No
3	Self ☐	Spouse/Domestic Partner ☐	Dependent ☐	☐ M ☐ F	/ /		☐ Yes ☐ No

FOLD BACK HERE

Order Information

Total number of medications in this order (including all refills and new medications) ☐

Subtotal of this order $ ☐☐☐.☐☐

Optional expedited shipping $15.00 (subject to change) ☐☐.☐☐

Total enclosed (do not send cash) $ ☐☐☐.☐☐

Paying by Credit Card? ☐Visa ☐MC ☐Disc/NOVUS ☐AmEx ☐Diners

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CREDIT CARD NUMBER

M ☐☐ Y ☐☐ **X** _____

EXPIRATION DATE CARDHOLDER SIGNATURE

☐ **Check here to have all orders billed to your credit card.** By doing so, you authorize Medco to keep your card number on file and bill all future orders directly to your credit card. To enroll by phone, please call 1-800-948-8779.

Paying by check? Write your Member ID Number on your check or money order made payable to Medco Health Solutions, Inc.

MEDCO HEALTH SOLUTIONS OF FORT WORTH
PO BOX 650022
DALLAS TX 75265-0022

Medco may generate automated calls to the telephone number you have provided regarding the status of your prescription order. These automated calls provide important information about your prescription order. If you would like to receive more information about these automated calls, or you do not want to receive them, please call 1-800-391-9701 to speak with a Medco Member Services Representative.

Please take a minute to make sure…

- **You have included your doctor's signed prescription form and filled out the patient information on the front of the order form for each new prescription.**
- **You have either filled out the credit card section on the front of this order form or included a check or money order for the required copayment.**
- **You have written your Member ID on any check or money order.**
- **The Medco address on the front shows through the window of the return envelope.**
- **When you start Medco By Mail, you will receive a Health, Allergy & Medication Questionnaire. This information will help Medco better serve your prescription drug needs.**

Expedited shipping available

For an additional fee, your order will be shipped by an expedited service if offered to your area. This option must be chosen when you make the order and cannot be applied after an order is already processed.

Additional Instructions

If you elect to have this and all future orders automatically charged to your credit card by checking the box on the front or enrolling by phone, bear in mind that the automated payment plan feature will apply to all Medco By Mail orders. Also note that we can only keep one credit card on record.

You may have a balance limit on your plan account. If you do, once your unpaid balance exceeds that limit, no additional orders will be processed until the balance is paid.

You can call 1-800-948-8779 anytime to enroll in our automated payment plan, change the credit card on file, check your account balance, or pay by phone using a credit card.

Get more information from MyPharmacyPlus

Visit **MyPharmacyPlus** through the Pharmacy section at ***www.premera.com.***

To all Medicare beneficiaries whose private health Plan has elected to be billed primary for Medicare Part B covered drugs:

By choosing to use Medco By Mail to fill your prescription, you are choosing to use the prescription drug coverage provided by your group health plan. Medco will process your prescription under your group health plan coverage, independent of the Medicare program, and no claim will be submitted to Medicare. If you believe that Medicare may also provide coverage and would like Medicare to pay for your prescription, you should go to a Medicare-participating pharmacy in your area. For a list of convenient Medicare-participating pharmacies, please call your local Medicare Carrier or **1-800-Medicare.** If you have any questions about the difference in coverage between your group health plan coverage and Medicare, please call Medco Member Services at **1-800-391-9701.**

Save money with generic drugs

You may receive a generic drug (when available) in place of the brand-name drug, unless you or your provider specifically indicates to dispense your prescription exactly as written. **If a brand-name drug is dispensed when a generic is available, you may have to pay the difference in price between the cost of the generic and the cost of the brand-name drug, plus your copay/coinsurance.** Your benefit materials will tell you your specific generic and/or brand-name coverage details.

Premera Blue Cross is an Independent Licensee of the Blue Cross Blue Shield Association.