

Medco Home Delivery Pharmacy Service™ Order Form

Benefits Provided by UnitedHealthcare



For Refills

To order from our Web site: www.myuhc.com. Have your Customer 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 Subscriber 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.

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. Be sure your prescription is written for a 90-day supply with refills.

For All Home Delivery Orders

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

If You Need Additional Help

Call Customer Service at **1 800 948-8779**. Best times to call are Tuesday through Friday afternoons.

See the back of this form for additional instructions.

Customer Information

RxGrp #: *UHEALTH* Subscriber #: _____

Name: _____

Street Address: _____

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)			Sex	Birth date M/D/YYYY	Doctor name and phone number	Does patient have any other prescription plan?
1	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

Order Information

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

Subtotal of this order \$

Optional expedited shipping \$9.00 per order (subject to change)

Total enclosed (do not send cash) \$

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

CREDIT CARD NUMBER

M Y

EXPIRATION DATE

X _____
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 future orders and any outstanding balances directly to your credit card. To enroll by phone, please call **1 800 948-8779**.

Paying by check? Write your Subscriber number on your check or money order made payable to Medco.

MEDCO
PO BOX 747000
CINCINNATI OH 45274-7000

FOLD BACK HERE

FOLD BACK HERE