



Your Mail Service Benefit

In the face of ever-rising costs, everyone is looking for ways to save time and money. You can do both with your pharmacy benefit plan. Through OptumRx™ Mail Service Pharmacy, you receive convenient, safe and reliable service, including:

- Access to the same maintenance drugs you get from your retail pharmacy
- The convenience of up to a 90-day supply of your medication
- Flexible delivery anywhere in the U.S. with no charge to you for standard shipping
- Educational information about your drugs with each shipment
- Personalized consultation at your request from our team of knowledgeable pharmacists

Your mail service benefit is ideal for maintenance drugs — those taken regularly to treat chronic health conditions. To find out if you're taking any maintenance drugs, visit our website or call Customer Service at the number on the back of your ID card.

Get Started With One Easy Phone Call

Option 1: Call 1-800-797-9791 (TTY 711)

OptumRx is available 24 hours a day, 7 days a week to help you start using mail service.

Option 2: Talk to your doctor

Tell your doctor you want to use OptumRx for home delivery of your maintenance drugs. Be sure to ask for a new prescription written for up to a 90-day supply with three refills to maximize your plan benefits. Then you can either:

- Mail in your written prescriptions along with a completed order form.
- Ask your doctor to call **1-800-791-7658** with your prescriptions or to fax them to 1-800-491-7997.

Your Safety Is Protected by Our Professional Staff

Every prescription submitted to OptumRx is screened by our team of registered pharmacists for accuracy, drug interactions, allergies and appropriateness of therapy. OptumRx maintains a complete record of drugs filled using your pharmacy benefits.

Packaging and Delivery

To ensure you get your orders in a timely manner, OptumRx uses USPS and other national carriers. Once we receive your completed order for a new prescription, your medication should arrive in about ten business days, while completed refill orders should arrive in about seven business days. Please allow enough time for delivery when you place your order. There is no charge to you for standard delivery. If you need rush delivery, your order can be shipped overnight for an additional charge.

Ordering Refills Is Easy

You can choose from four different ways to order refills, so you can always use the one that works best for you.

- Online ordering at **www.optumrx.com**
- Our automated phone system
- Complete the reorder form included with each medication shipment and send it to us for processing
- By calling Customer Service at **1-800-797-9791 (TTY 711)**

Also, if you register online, you will receive email reminders when it's time to refill your prescription.

Pharmacists Available 24 Hours a Day, 7 Days a Week

For more information or to speak with one of our pharmacists, contact us at any time. We're always available to assist you with your pharmacy benefit questions. Just call Customer Service at **1-800-797-9791 (TTY 711)**.



2300 Main Street, Irvine, CA 92614

OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum™ company — a leading provider of integrated health services. Learn more at **www.optum.com**.

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1 Please use black or blue ink and mail this completed order form with your new prescription(s). DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

Primary Member ID Number:		(Additional coverage, if applicable) Secondary Member ID Number:	
Last Name		First Name	MI
Delivery Address			Apt. #
City	State	ZIP	Phone Number with Area Code
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Email	
Physician Name		Physician Phone Number with Area Code	

2 Health history

Medication Allergies: <input type="checkbox"/> Amoxicil/Ampicillin <input type="checkbox"/> Erythromycin <input type="checkbox"/> Sulfa <input type="checkbox"/> Aspirin <input type="checkbox"/> NSAIDs <input type="checkbox"/> Tetracyclines <input type="checkbox"/> Cephalosporins <input type="checkbox"/> Penicillin <input type="checkbox"/> Others: <input type="checkbox"/> Codeine <input type="checkbox"/> Quinolones _____			Health Conditions: <input type="checkbox"/> Arthritis <input type="checkbox"/> Glaucoma <input type="checkbox"/> None Known <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Condition <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Cancer <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Thyroid Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Others: _____		
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Over-the-counter/Herbal medications taken regularly:

3 Pharmacy processing

Generic substitution. FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless you or your physician indicate otherwise. Brand-name medications may be subject to a higher cost.
If you require brand-name medications, please list those medications here:

Keep on file. If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here:

Notes to Pharmacy:

4 Payment and shipping information — do not send cash.

Standard delivery is included at no charge. Most prescription orders arrive about 7 days from the date your completed order is received. If clarification of your order is required, delivery may take longer. If you would like overnight shipping, please indicate below. Please note that expedited shipping only affects shipping time, not the processing time of your order.
 You may log on to **www.optumrx.com** to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.

- Ship overnight.** Add \$12.50 to order amount (subject to change).
- Check enclosed.** All checks must be signed and made payable to: OptumRx.
- Charge to my credit card on file.**
- Charge to my NEW credit card.**

New Credit Card Number	Expiration Date (Month/Year)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Visa, MasterCard, AMEX and Discover are accepted.

Signature: _____ **Date:** _____

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 OptumRx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, Customer Service can be contacted at any time.