



# Medco Pharmacy Order Form



An Independent Licensee of the Blue Cross and Blue Shield Association

## Member Information

Member ID: \_\_\_\_\_

Group: PD1 HMRK001

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

## Shipping address if different from your mailing address

Check if  Temporary  Permanent

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime telephone

Evening telephone

You authorize release of all information to the plan administrator, underwriter, sponsor, and their agents for use in connection with the benefit plan programs. Information may also be used for other reporting and analysis purposes without identification of you or your family members.

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

Check here to have all orders billed to your credit/debit card.

Subtotal of this order \$     .

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

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

Total enclosed (do not send cash) \$     .

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

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

**(information continued on back side)**

CREDIT/DEBIT CARD NUMBER

M   Y   X \_\_\_\_\_

EXPIRATION DATE      CARDHOLDER SIGNATURE

MEDCO HEALTH SOLUTIONS OF FORT WORTH  
PO BOX 650022  
DALLAS TX 75265-9867



FOLD BACK HERE

FOLD BACK HERE

## For Refills

*To order online:* [www.highmarkblueshield.com](http://www.highmarkblueshield.com). Have your 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 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.

## 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.

## For All Medco Pharmacy 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.

## If You Need Additional Help

Call Member Service at **1-800-903-6228**. Best times to call are Tuesday through Friday afternoons.

## 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/debit card section on the front of this order form or included a check or money order for the required copayment.**
- **You have written your ID number on any check or money order.**
- **The Medco address on the front shows through the window of the return envelope.**
- **You have filled out the 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 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 billed to your credit/debit 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 Pharmacy orders. Also note that we can only keep one credit/debit 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/debit card on file, check your account balance, or pay by phone using a credit/debit card.

## Get more information online

Visit us at [www.highmarkblueshield.com](http://www.highmarkblueshield.com).

