

## 🕘 ASSURANT Health

# Medco By Mail Order Form

To order by mail: Include your refill slip(s) with this form.

Do not complete the Patient Information section for refills.

completed order form and your co-payment in the enclosed return envelope. Be sure to fold the form as indicated so the

Call Member Services at 1 800 978-6227. The best times to

D Please send me e-mail notices about the status of the enclosed

address on the bottom right shows through the window.

See the back of this form for additional instructions.

@

Place all prescriptions and refill slips together with this

### **Benefits Provided by Assurant Health**

For All Mail Orders

If You Need Additional Help

prescription(s) and online ordering at:

call are Tuesday through Friday afternoons.

### 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 Refills

*To order from our website:* **www.medco.com**. Have your Card Holder 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 Card Holder ID number and your refill slip with the prescription information ready.

### **Member Information**

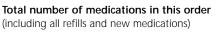
### Card Holder ID:

Grou	ıp:	FOR	JAL	A

Name:	
Street Address:	
Street Address:	Shipping address if different from your mailing address
Street Address: City, ST, ZIP:	Check if Temporary Permanent
Daytime telephone	
	]

#### Patient Information—complete one line for each new prescription (Do not complete for refills) Does patient Patient name Patient's relation to plan Birth date Doctor name have any other member (fill in one) M/D/YYYY and phone number prescription plan? Sex □ Yes 1 Self Dependent П м Spouse 1 1 ΓF □ No п П м □ Yes 2 Self Spouse Dependent 1 1 п п ΠF 🛛 No 🛛 М □ Yes 3 Dependent Self Spouse 1 / D F No

### **Order Information**

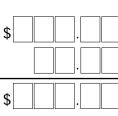


#### Subtotal of this order

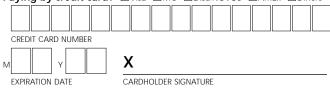
**Optional expedited shipping** \$9.00 (subject to change)

Total enclosed (do not send cash)

Please be sure address is visible through window of envelope marked "Medco By Mail Order Center"



### Paying by credit card? Uisa MC Disc/NOVUS AmEx Diners



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

Paying by check? Write your Card Holder ID number on your check or money order made payable to Medco Health.

MEDCO PO BOX 3938 SPOKANE WA 99220-3938

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FOLD BACK HERE

FORM #HB21376M

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 co-payment.
- You have written your Card Holder ID number on any check or money order.
- The Medco address on the front shows through the window of the envelope marked "Medco By Mail Order Center."
- You have filled out the Health and 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 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 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 so, once your unpaid balance exceeds that limit, no additional orders will be processed until the balance has been 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 our website

Visit us at www.medcohealth.com

### To all Medicare beneficiaries whose private health plan has elected to be billed primary for Medicare Part B coverage:

By choosing the Medco mail-order pharmacy 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 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 **1 800 978-6227.**