

MEMBER INFORMATION - Please print within the boxes using black or blue ink.

Member ID#

Group# (on your member ID card - if applicable)

Last Name of Member

First Name of Member

Middle Initial

Delivery Address

City

State

Zip Code + 4

Work Phone

Home Phone

This order is for: Member Spouse

Dependent (one form per person must be submitted)

Last Name

First Name

Middle Initial

Total Number of prescriptions in this order:

Doctor Name

Doctor's Phone Number

PAYMENT OPTIONS - Payment to Express Med Pharmacy Services is due with order. Do not send cash. Refer to benefit materials for co-payment amount(s).

Please write you Member ID# on your check or money order. There is a \$30 returned check charge.

Mastercard Visa AMEX Discover

Credit Card Number

Expiration Date (mm/yy)

Check Box for "Auto-Pay" by Credit Card. (Credit Card on file will automatically be billed when you place an order)

Cardholder Signature

For New Prescriptions

Complete a separate order form for each individual ordering new medicine. Be sure to include the new prescription(s) from your doctor along with the applicable co-payment due.

For Refill Prescriptions

By Phone: Call 1-866-4-MAILRX and have your Member ID# and the refill prescription(s) information available.

By Mail: Complete a separate order form for each individual and return the refill slip(s) and co-payment to Express Med.

By Web: Log on to www.expressmedrx.com and follow the links to REFILL.