

Prescription Order Form

HOW TO ORDER

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 1-866-462-4579 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 the address above.

By Web: Log onto expressmedrx.com and click the REFILL link.

MEMBER INFORMATION

First Name | MI | Last Name

DELIVERY ADDRESS (Updates Only)

Address 1 (Street Address)

Address 2 (Apartment #, Suite #, Etc)

City | State | Zip

Home Phone | Work Phone (Include area code)

Email Address (Optional)

INSURANCE INFORMATION

(On your Member ID

Member ID | Group ID Card [If Applicable])

ORDER INFORMATION

ORDER IS FOR Member Spouse Dependant

If not member, please provide name (ONE FORM PER PERSON):

First Name | MI | Last Name

Total Number of Prescriptions for this Person

Doctor Name | Phone Number

PAYMENT OPTIONS (Payments due at time of order.)

Please indicate your choice by checking the appropriate box.

CREDIT CARD

Name On Card (Updates Only. Do not provide if already on file.)

Card Number

Expiration Date (MM / YY)

CHECK / MONEY ORDER Submit your check or money order at time of order.

Please sign and date below to complete the enrollment.

I certify that the information on this form is correct. I authorize payment for this order as indicated above. I acknowledge that if an ACH debit or check is declined, there is a \$30.00 charge.

Member's Signature _____

Date _____

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