

Manage your medication on the go.
Download the OptumRx App today.



OPTUMRX
PO BOX 2975
MISSION KS 66201-1375



PLACE
STAMP
HERE

RETURN ADDRESS

Health Conditions:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> High cholesterol
<input type="checkbox"/> None known	<input type="checkbox"/> Cancer	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Others: _____	<input type="checkbox"/> Thyroid Disease	

Over-the-counter/herbal medications taken regularly:

3 Payment and shipping information — do not send cash

Standard delivery is included at no charge. New prescriptions should arrive within about 10 business days from the date the completed order is received. Completed refill orders should arrive within about 7 business days. OptumRx will contact you if there will be an extended delay in delivering your medications.

You may log on to **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) 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, contact customer service at any time.

4 Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 2975, Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

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Why pay more?
You may save with home delivery.



Visit the website on your member ID card.



Or call OptumRx at the number on your member ID card.

¹ OptumRx provides this service at no additional cost. Standard message and data rates charged by your carrier may apply.



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Get started with medication home delivery.







Simple.
Convenient.
And it may save you money, too.

Filling your prescriptions with home delivery

How it works.

- 1 Order a up to a three-month supply** of your maintenance medication — ones you take regularly — by mail, phone or online.
- 2 OptumRx® fills your order,** mails it to you then lets you know when to expect your delivery.
- 3 Your medication arrives** within 7 to 10 days of placing the order.

The benefits of home delivery.

-  Save a trip to the pharmacy.
-  You may pay less for up to a 90-day supply of your maintenance medication.
-  No charge for standard shipping.
-  Phone, text¹ and email reminders help you remember every dose and every refill.

Choose from four easy ways:

Online.

Visit the website on your member ID card and select **Get started** or use the OptumRx app.

Phone.

Call the toll-free number on your member ID card.

Mail.

Complete the attached order form and mail it to **OptumRx, P.O. Box 2975, Mission, KS 66201.**

ePrescribe.

Ask your doctor to send an electronic prescription to OptumRx.

Manage your medication home delivery on the go.

Order and track your prescriptions online or with our app.



NEW PRESCRIPTION MAIL-IN ORDER FORM

1 Member and physician information — please use black or blue ink. One form per member.			
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="radio"/> M <input type="radio"/> F	Email	
Physician Name			
Physician Phone Number with Area Code			
2 Health history			
Medication Allergies:			
<input type="radio"/> None known	<input type="radio"/> Aspirin	<input type="radio"/> Erythromycin	<input type="radio"/> Quinolones
<input type="radio"/> Amoxicil/Ampicillin	<input type="radio"/> Cephalosporins	<input type="radio"/> NSAIDs	<input type="radio"/> Sulfa
<input type="radio"/> Others: _____	<input type="radio"/> Codeine	<input type="radio"/> Penicillin	<input type="radio"/> Tetracyclines

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GLUE

REMOIST

GLUE