## HOME DELIVERY ORDER FORM





## **Home Delivery Order Options**

Ask your doctor to write your prescription for up to a 90-day supply or the maximum days allowed by your plan with refills up to one year, if appropriate.

ePrescribe: For fastest service ask your doctor to submit prescriptions electronically to Express Scripts Home Delivery. Online/Mobile App: Log in to express-scripts.com or the Express Scripts Mobile App, choose the medicine you want delivered, add it to your cart, then check out.

**Fax:** Have your doctor call 888.327.9791 for faxing instructions. (Faxes can only be accepted from a doctor's office.) Phone: Call Express Scripts at the toll-free number on the back of your ID card for assistance in switching to home delivery. Mail: Complete the order form and send to Express Scripts along with prescriptions and payment.

## Please use ALL CAPITAL LETTERS with black or blue ink. Fill in the ovals as shown. (

Member ID Number Group #		
Member Last Name Member First Name	Member First Name	
<ul> <li>Please send email notices regarding this order's status</li> <li>Email address</li> </ul>		
To GO GREEN go to express-scripts.com to update your Communication Preferences	under Account	
2 Shipping Address		
<ul> <li>○ Permanent</li> <li>○ Temporary</li> <li>If temporary address, please provide effective dates</li> <li>From/ To/</li> </ul>		
Shipping Address Line 1 (Street address is preferred over PO Box)       A	Apt#	
Shipping Address Line 2		
City State Z	Zip	
Primary Phone Number Choose One Secondary Phone Number	Choose One	
M H W	M H W	
Shipping Method (Expedited shipping will not rush prescription processing)		
Standard Free Arrives within 5-10 days after order is shipped		
Two Day \$12.00 Arrives 2 business days after order is shipped		
One Day \$21.00 Arrives 1 business day after order is shipped		
3 Patient Information		
Please only include prescriptions for patients covered under the above Member	er ID	
Patient #1		
Patient Last Name Patient First Name		
Patient DOB Gender O Male	Female	
Physician Name Physician Phone		
Patient #2		
Patient Last Name Patient First Name		
atient DOB Gender O Male O Female		
Physician Name Physician Phone		

4 Payment Method	Do not send cash
You authorize us to retain on file your payment card details th	hat you used to make this purchase and to charge your payment card
	Should you also choose to enroll in the auto-pay program, you further
	for prescription orders made by covered household members, including
previously ordered prescriptions which are unpaid.	u anail an mail as annliachta. This Cand an Eile Authorization, and if
	y email or mail as applicable. This Card on File Authorization, and if il you cancel the authorization by logging into your account or calling the
	e transaction amount is determined by your plan's benefit structure at
the time the prescription is shipped.	e transaction amount is acternined by your plan's benefit structure at
	s for resale or reuse. We cannot accept the return of properly dispensed
prescription medications for credit or refund.	
<ul> <li>See our privacy policy for information regarding our use a</li> </ul>	and disclosure of personally identifiable information.
Signature X	
Credit Card: We accept VISA, MC, Discover, AMEX, Diners	Check or Checking Account
Automatic, ongoing payment through credit card	Automatic, ongoing payment through checking account
Authorize to pay for this order and all future orders with the credit card below.	I authorize to pay for this order and all future orders with the checking account information below or include a voided check.
For this order only. Simply fill in your credit card	For this order only. Enclose a check payable to Express Scripts.
information below.	Write invoice number on the check.
Credit Card Number	Name of checking account holder
Exp Date	Checking Account Number
	Routing Number (first 9 digits lower-left corner of personal check)
	anytime at express-scripts.com. To change the limit of the amount we
<ul> <li>can charge your card without a call to you:</li> <li>Go to express-scripts.com</li> <li>Select Payment Methods under Account then Edit In</li> <li>Change the payment authorization limit</li> </ul>	formation.
<ul> <li>can charge your card without a call to you:</li> <li>Go to express-scripts.com</li> <li>Select Payment Methods under Account then Edit In</li> <li>Change the payment authorization limit</li> <li>You can manage all account preferences at express-scripts.com</li> </ul>	anytime at express-scripts.com. To change the limit of the amount we formation. om or call Member Services at the toll-free number on your ID card.
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can charge your card without a call to you:         Go to express-scripts.com         Select Payment Methods under Account then Edit In         Change the payment authorization limit         You can manage all account preferences at express-scripts.com         5       Health History         To update your allergies or health conditions: Visit us at exprese helps us protect you against potentially harmful drug interact         6       Important reminders and other infor         If you are a Medicare Part B beneficiary AND have private helps us protect way to get Medicare Part B drugs and sup         ID card. To verify Medicare Part B prescription coverage, call         For additional information or help, visit us at express-scripts         card. TTY/TDD users should call 1.800.759.1089.         Your order may be filled at any one of our Express Scripts Pha         7       Generic Substitution         State law permits a pharmacist to substitute a less expensive physician directs otherwise. Please note that this applies to respect to the state of the state sta state state state state state state state sta	formation. om or call Member Services at the toll-free number on your ID card. ess-scripts.com/healthform or call 877.438.4417. This information tions and allergies. rmation ealth insurance, check your prescription drug benefit materials to oplies. Or, call Member Services at the toll-free number found on your Medicare at 1.800.633.4227. .com or call Member Services at the toll-free number found on your ID
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