Optum

# New home delivery prescription 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 code |
| Phone number with area code | | |
| Date of birth (mm/dd/yyyy) | Email address | |
| Physician name | | |
| Physician phone number with area code | | |

## 2. Health history

| | | | | |
|---|---|---|---|---|
| **Medication allergies:** | ☐ Aspirin | ☐ Erythromycin | ☐ Quinolones | ☐ Others:_____ |
| ☐ None known | ☐ Cephalosporins | ☐ NSAIDs | ☐ Sulfa | _____ |
| ☐ Amoxil/Ampicillin | ☐ Codeine | ☐ Penicillin | ☐ Tetracyclines | _____ |
| **Health conditions:** | ☐ Asthma | ☐ Glaucoma | ☐ High cholesterol | ☐ Others:_____ |
| ☐ None known | ☐ Cancer | ☐ Heart condition | ☐ Osteoporosis | _____ |
| ☐ Arthritis | ☐ Diabetes | ☐ High blood pressure | ☐ Thyroid disease | _____ |

**Over-the-counter medications, vitamins and herbal supplements taken regularly:**

## 3. Payment and shipping information – do not send cash

Standard delivery is included at no charge. Prescriptions should arrive within 5 business days after the pharmacy receives the complete order. The pharmacy will contact you if there will be an extended delay in delivering your medications.

Visit the website listed on your member ID card to check drug pricing before sending payment. Once shipped, medications may not be returned for a refund or adjustment.

- ☐ **Expedite shipping.** Add $20.00 to order amount (subject to change).
- ☐ **Check enclosed.** All checks must be signed and made payable to: Optum Rx.
- ☐ **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 Optum Rx 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 Optum Rx, P.O. Box 2975, Mission, KS 66201. Do not staple or tape prescriptions to the order form.