

Form to complete the transfer of your mail-order prescription refills

Member Information

Member ID Number: _____

Group: _____

Name: _____

Street Address: _____

Street Address: _____

Street Address: _____

City, ST, ZIP: _____

Daytime telephone: - -

Evening telephone: - -

Shipping address if different from your mailing address

Check if Temporary Permanent

I understand the information I provide may be released to and used by my health plan in connection with the benefit plan programs. Information may be used for other reporting and analysis purposes without identification of me or my family members.

Signature X _____

Information Required for Each Refill Order (be sure to include a refill slip for each refill you order)

Patient name	Patient's Relation to plan member	Sex	Birth Date	Doctor name and phone number	Drug name/ Strength	Current Prescription #
1	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> M <input type="checkbox"/> F	MM/DD/YYYY / /			
2	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> M <input type="checkbox"/> F	MM/DD/YYYY / /			
3	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> M <input type="checkbox"/> F	MM/DD/YYYY / /			

Payment Information

Please choose a form of payment:

- Money Order
 Check (Make payable to Medco)
 MC VISA® AMEX Diner's Club® Disc/NOVUS®

Total Refill Prescriptions Enclosed:

Total Dollar Amount Enclosed: \$
 (please do not send cash)

Credit Card Number

M Y **X** _____

Expiration Date

Cardholder's Signature

If you would like us to retain this credit card to conveniently charge all future orders to it, please place a check mark in this box.

MEDCO HEALTH SOLUTIONS OF FORT WORTH
 P O BOX 650322
 DALLAS TX 75265-0322



It's easy to transfer your mail-order prescription refills to *Medco By Mail*.

Thank you for choosing **Medco By Mail** for convenient delivery of your long-term medications. We are happy to assist you in transferring refills for your current prescription from your previous mail-order pharmacy to Medco By Mail.

No new prescription is needed if you have refills left on your current one.

To complete the transfer of your prescription(s) to Medco By Mail, choose one of the three easy methods listed below. Please have your member ID number on hand before you begin, along with the prescription number from a current mail-order prescription label or refill slip. Please start the transfer when you have a 2-week supply of medication.

On-line

- Visit **www.medco.com**.
- Activate your account by registering with your Medco member ID number and a recent prescription number from your previous mail-order pharmacy.
- Click on "Order status" and follow the instructions for refilling your prescriptions.

By telephone

- Call the toll-free Member Services telephone number located on your member ID card or other plan materials.
- Use our automated phone system to request your prescription transfer. If you need help, you will be transferred to a Member Services representative.

By mail

- Fill out the information on the other side of this form.
- Attach your most recent refill slip(s) in the space indicated.
- Use the included Medco By Mail Order Center envelope to mail us the completed form and your mail-order co-payment.

Please note that prescriptions for certain controlled substances and compound medications cannot be transferred. You will need to obtain a new prescription from your doctor for these types of medications. There may also be some situations when this transfer process will not be successful and you will need to request a new prescription from your doctor. If you request a refill that cannot be transferred, Medco will notify you to contact your doctor.



***Affix
Refill Slip(s)
Here***

***We look forward to assisting you
with your prescription needs***

Please affix your current refill slip(s) for each prescription in the space provided. Without a refill slip your request cannot be processed. **Your medication will be sent to you via U.S. mail, usually within 8 days.**



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