Medco By Mail Order Form

UnitedHealthcare®
A UnitedHealth Group Company

Benefits Provided by UnitedHealthcare

For Refills

To order from our Web site: **www.myuhc.com.** Have your Subscriber number and Prescription (Rx) number on hand. Your 12-digit Prescription or Rx number can be found on your refill slip.

To order by phone: Call **1 800 4REFILL** (1 800 473-3455) to use the automated refill system. Have your Subscriber number and your refill slip with the prescription information ready.

To order by mail: Include your refill slip(s) with this form. Do not complete the Patient Information section for refills.

For New Prescriptions

Fill out one line of the Patient Information Section for each new prescription you send. Be sure to include the patient's full name, date of birth, and address, along with the doctor's name and phone number. Be sure your prescription is written for a 90-day supply with refills.

For All Mail Orders

Place all prescriptions and refill slips together with this completed order form and your co-payment in the enclosed return envelope.

If You Need Additional Help

Call Customer Care at the number on your ID card.

See the back of this form for additional instructions.

FOLD BACK HERE

Customer Information

RxGrp: *UHEALTH* ***Subscriber #:*** _____

Name: _____

Street Address: _____

Street Address: _____

City, ST, ZIP: _____

Daytime telephone ☐☐☐ ☐☐☐ ☐☐☐☐

Evening telephone ☐☐☐ ☐☐☐ ☐☐☐☐

Shipping address if different from your mailing address

Check if ☐ Temporary ☐ Permanent

_____

_____

_____

FOLD BACK HERE

Patient Information—**Complete one line for each new prescription** *(Do not complete for refills)*

Patient name and Medicare B number (if applicable)	Patient's relation to plan subscriber *(fill in one)*	Sex	Birth date M/D/YYYY	Doctor name and phone number	Does patient have any other prescription plan?
1	Self ☐ Spouse ☐ Dependent ☐	☐ M ☐ F	/ /		☐ Yes ☐ No
2	Self ☐ Spouse ☐ Dependent ☐	☐ M ☐ F	/ /		☐ Yes ☐ No
3	Self ☐ Spouse ☐ Dependent ☐	☐ M ☐ F	/ /		☐ Yes ☐ No

Order Information

Total number of medications in this order
(including all refills and new medications) ☐

Subtotal of this order $☐☐☐.☐☐

Optional expedited shipping
$9.00 per order (subject to change) ☐☐.☐☐

Total enclosed
(do not send cash) $☐☐☐.☐☐

You can check your mail order co-payments online at **www.myuhc.com**.
Ask your doctor to write your prescription for a 90-day supply with refills when appropriate. You will be charged a mail order co-payment regardless of the days supply written on the prescription. Please be sure that your doctor writes your prescription for a 90-day supply, not a 30-day supply with 3 refills.

Paying by Credit Card? ☐Visa ☐MC ☐Disc/NOVUS ☐AmEx ☐Diners

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
CREDIT CARD NUMBER

M ☐☐ Y ☐☐ **X** _____
EXPIRATION DATE CARDHOLDER SIGNATURE

☐ **Check here to have all orders billed to your credit card.**
By doing so, you authorize Medco to keep your card number on file and bill future orders and any outstanding balances directly to your credit card. To enroll by phone, please call **1 800 948-8779**.

Paying by check? Write your Subscriber number on your check or money order made payable to Medco.

MEDCO
PO BOX 747000
CINCINNATI OH 45274-7000

Please take a minute to make sure…

- **You have included your doctor's signed prescription form and filled out the patient information on the front of the order form for each new prescription.**
- **You have either filled out the credit card section on the front of this order form or included a check or money order for the required co-payment.**
- **You have written your Subscriber number on any check or money order.**
- **You have filled out the Health, Allergy, and Medication Questionnaire. This information will help Medco better serve your prescription medication needs.**
- **Your prescription is written for a 90-day supply with refills.**

Medication delivery

Your medication will be delivered to you within 7 to 11 days after you mail your order.

Expedited shipping available

For an additional fee, your order will be shipped by an expedited service offered to your area. This option must be chosen when you make the order, and cannot be applied after an order is already processed.

Additional instructions

If you elect to have this and all future orders automatically charged to your credit card by checking the box on the front or enrolling by phone, bear in mind that the automated payment plan feature will apply to all mail order pharmacy orders. Also note that we can only keep one credit card on record.

You may have a balance limit on your plan account. If you do, once your unpaid balance exceeds that limit, no additional orders will be processed until the balance is paid.

You can call **1 800 948-8779** anytime to enroll in our automated payment plan, change the credit card on file, check your account balance, or pay by phone using a credit card.

Ohio Law allows a less expensive, generically equivalent medication to be substituted for certain brand-name medications unless you or your doctor direct otherwise.

Get more information from our Web site

Visit us at **www.myuhc.com.**

To all Medicare Beneficiaries whose private health plan has elected to be billed primary for Medicare Part B covered medications:

By choosing to use Medco's mail order pharmacy to fill your prescription, you are choosing to use the prescription medication coverage provided by your group health plan. Medco will process your prescription under your group health plan coverage, independent of the Medicare program, and no claim will be submitted to Medicare. If you believe that Medicare may also provide coverage and would like Medicare to pay for your prescription, you should go to a Medicare-participating pharmacy in your area. For a list of convenient Medicare-participating pharmacies, please call your local Medicare carrier or **1-800-MEDICARE**. If you have any questions about the difference in coverage between your group health plan coverage and Medicare, please call the number on your ID card.