REFILL REQUEST FORM: MEDCO MAKES IT EASY TO REFILL YOUR MAIL-ORDER PRESCRIPTIONS

If you have refills remaining on a current mail-order prescription, you don't need to get a new prescription.

We can help you get refills of any of your existing prescriptions that have been transferred from your previous mail-order pharmacy to the **Medco Pharmacy®** mail-order service. When you use the **Medco Pharmacy,** your medications are delivered conveniently and safely right to you. You'll also receive the support of Medco Specialist Pharmacists who each have expertise in the medications used to treat a specific ongoing condition and have the time to speak with you about your medication.

To refill a prescription through the **Medco Pharmacy,** choose one of the three easy methods described below. Please have your member ID number on hand when you begin, along with a prescription number from a current mail-order label or refill slip. Please request your refill when you have a 2-week supply of medication remaining. *(Note that not all refills may be available immediately, but they should be available shortly after the transition to Medco.)*

Online

- 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.
- Follow the instructions for refilling your prescriptions.

By telephone

- Call the toll-free Member Services telephone number shown on your ID card or other plan materials.
- Use our automated phone system to request your prescription refill. 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 enclosed **Medco Pharmacy** Order Center envelope to mail us the completed form and your mail-order co-payment.

Please note that prescriptions for 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 where this transfer process will not be successful. If you request a refill that cannot be transferred, you will need to obtain a new prescription from your doctor.

PAYMENT INFORMATION

Number of prescriptions sent with this order: ☐

Payment options: ☐ e-check ☐ Payment enclosed ☐ Credit card ☐ Send bill

For credit card payments:
☐ Visa ☐ MC ☐ Discover ☐ AmEx ☐ Diners

Credit card number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration date ☐☐ ☐☐
M M Y Y

X _____
Cardholder signature

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

medco®

MEDCO HEALTH SOLUTIONS OF FAIRFIELD
PO BOX 6500
CINCINNATI OH 45273-8152

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FORM TO REQUEST REFILLS OF YOUR MAIL-ORDER PRESCRIPTIONS

MEMBER INFORMATION

Member ID number:

Group number:

Name:

Street address 1:

Street address 2:

City, State, Zip:

Daytime telephone: ☐☐☐ - ☐☐☐ - ☐☐☐☐

Evening telephone: ☐☐☐ - ☐☐☐ - ☐☐☐☐

Shipping address if different from your mailing address

Check if ☐ Temporary ☐ Permanent

I understand that 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 no.
1	☐ Self ☐ Spouse ☐ Dependent	☐ M ☐ F	MM/DD/YYYY / /			
2	☐ Self ☐ Spouse ☐ Dependent	☐ M ☐ F	MM/DD/YYYY / /			
3	☐ Self ☐ Spouse ☐ Dependent	☐ M ☐ F	MM/DD/YYYY / /			

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.**

medco®