



1 Member information Please verify or provide member information below.

Member ID: _____

Group: _____

Date of Birth: Gender: M F
M M D D Y Y Y Y

Name: _____

Street Address: _____

Street Address: _____

Street Address: _____

City, State, Zip: _____

Daytime phone:

Please send me e-mail notices about the status of the enclosed prescription(s) and online orders at:

_____@_____._____

New shipping address:

(Medco will keep this address on file for all orders from this membership until another shipping address is provided by any person in this membership.)

Evening phone:

2 Member/Doctor information If you have more than one prescription from the same doctor, complete just one section but include all prescriptions in the envelope provided. If you have prescriptions from more than one doctor, complete a new section for each doctor and include all prescriptions.

Doctor's last name 1st initial Doctor's phone number

Doctor's last name 1st initial Doctor's phone number

Doctor's last name 1st initial Doctor's phone number

Doctor's last name 1st initial Doctor's phone number

3 Complete your order You can pay by e-check, check, money order, or credit card. Make checks and money orders payable to **Medco Health Solutions, Inc.**, and write your Member ID number on the front. You can enroll for e-check payments at www.medco.com, or call the Customer Service phone number on your Member ID card.

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

Expiration date

M M Y Y

Cardholder signature

Credit card number

I authorize Medco to charge this card for all orders from any person in this membership.

Rush this shipment (\$15, subject to change). **Note:** This will **not** rush prescription processing. (Street address required; P.O. Box not allowed)

FOLD HERE

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Important reminders and other information

Check that your doctor has prescribed the maximum days' supply allowed by your plan, plus refills for up to 1 year, if appropriate (not the typical 30-day supply, plus refills).

Complete the Member/Doctor information section.

Be sure you have filled out the Health, Allergy & Medication Questionnaire.

Unpaid balances

If your plan limits the balance that you can carry on your account and you exceed that limit with this order, payment must be included. To price a medication, visit us online at www.medco.com/coventry and click "Price a medication." To avoid processing delays, provide a credit card number in the "Complete your order" section on side 1.

Generic substitution

Texas, Florida, and Ohio laws allow a generic equivalent drug to be substituted for certain brand-name drugs unless you or your physician specifically directs otherwise. Ask your doctor or pharmacist whether safe, effective, and less expensive generic drugs are right for you. Or call Medco at the number on your Member ID card and ask to speak with a pharmacist. Pharmacists are available 24 hours a day, 7 days a week, to answer questions concerning your prescription.

Pennsylvania and Texas laws permit pharmacists to substitute a less expensive generic equivalent for a brand-name drug unless you or your doctor directs otherwise. **Check the box if you do not wish a less expensive brand or generic drug.** Please note that this applies only to new prescriptions and to refills of that prescription.

If you have Medicare Part B coverage

Medco may not submit prescription drug claims to Medicare Part B. Check your Medicare Part B coverage to determine whether Medicare Part B covers your prescription(s) **and** whether it will cost you less to use a Medicare Part B participating pharmacy. For a list of Medicare Part B participating pharmacies, call your local Medicare carrier or call **1-800-MEDICARE (1-800-633-4227, which is available 24 hours a day, 7 days a week).** TTY/TDD users should call **1-877-486-2048.**

If you need additional information or assistance, visit us online at www.medco.com/coventry or call Medco Customer Service at the phone number on your Member ID card. TTY/TDD users should call **1-800-716-3231.**

Please return in the enclosed postage-paid envelope or return to the address provided.

Do not use staples or paper clips.

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MEDCO HEALTH SOLUTIONS OF FORT WORTH, L.L.C.
PO BOX 650322
DALLAS TX 75265-0322



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