

**Home Delivery Order Options**

We cannot fill most prescriptions for one-month supply or less. Ask your doctor to write your prescription for a three-month supply.

**ePrescribe:** For fastest service ask your doctor to submit prescriptions electronically to Express Scripts Home Delivery.

**Online/mobile app:** Log in to [express-scripts.com/rx](https://express-scripts.com/rx) or the Express Scripts® mobile app, choose the medication you want delivered, add it to your cart, then check out.

**Fax:** Have your doctor call **1.888.327.9791** for faxing instructions. (Faxes can only be accepted from a doctor's office.)

**Phone:** Call Express Scripts at **1.833.750.0201** for assistance in switching to home delivery. TTY/TDD users should use **711**.

**Mail:** Complete the order form and send to Express Scripts® Pharmacy along with prescriptions and payment.

Please use **ALL CAPITAL LETTERS** with black or blue ink. Fill in the circles as shown. (●)

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| <b>1</b>                                                                                                                                           | <b>Member Information</b>  |                                                                                         |                                                   |
| Member ID Number                                                                                                                                   |                            | Group #                                                                                 |                                                   |
| Member Last Name                                                                                                                                   |                            | Member First Name                                                                       |                                                   |
| Want updates on your order? Register on our website. <a href="https://express-scripts.com">express-scripts.com</a>                                 |                            | Email address                                                                           |                                                   |
| To GO GREEN go to <a href="https://express-scripts.com/green">express-scripts.com/green</a> to update your Communication Preferences under Account |                            |                                                                                         |                                                   |
| <b>2</b>                                                                                                                                           | <b>Shipping Address</b>    |                                                                                         |                                                   |
| <input type="radio"/> Permanent <input type="radio"/> Temporary                                                                                    |                            | If temporary address, please provide effective dates<br>From ___/___/___ To ___/___/___ |                                                   |
| Shipping Address Line 1 (Street address is preferred over PO Box)                                                                                  |                            | Apt#                                                                                    |                                                   |
| Shipping Address Line 2                                                                                                                            |                            |                                                                                         |                                                   |
| City                                                                                                                                               |                            | State                                                                                   | Zip                                               |
| Primary Phone Number                                                                                                                               |                            | Choose One<br>M   H   W                                                                 | Secondary Phone Number<br>Choose One<br>M   H   W |
| <b>Shipping Method</b> (Expedited shipping will <b>not</b> rush prescription processing)                                                           |                            |                                                                                         |                                                   |
| <input type="radio"/> Standard                                                                                                                     | Free                       | Arrives within 5-10 days after order is shipped                                         |                                                   |
| <input type="radio"/> Two Day                                                                                                                      | \$18.00                    | Arrives 2 business days after order is shipped                                          |                                                   |
| <input type="radio"/> One Day                                                                                                                      | \$26.00                    | Arrives 1 business day after order is shipped                                           |                                                   |
| <b>3</b>                                                                                                                                           | <b>Patient Information</b> |                                                                                         |                                                   |
| Please only include prescriptions for patients covered under the above Member ID                                                                   |                            |                                                                                         |                                                   |
| <b>Patient #1</b>                                                                                                                                  |                            |                                                                                         |                                                   |
| Patient Last Name                                                                                                                                  |                            | Patient First Name                                                                      |                                                   |
| Patient DOB                                                                                                                                        |                            | Gender    Male    Female                                                                |                                                   |
| Physician Name                                                                                                                                     |                            | Physician Phone                                                                         |                                                   |
| <b>Patient #2</b>                                                                                                                                  |                            |                                                                                         |                                                   |
| Patient Last Name                                                                                                                                  |                            | Patient First Name                                                                      |                                                   |
| Patient DOB                                                                                                                                        |                            | Gender    Male    Female                                                                |                                                   |
| Physician Name                                                                                                                                     |                            | Physician Phone                                                                         |                                                   |

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| <b>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Payment Method</b> | <b>Do not send cash</b>                                                                                                                                                                                                                                                                                                                 |
| <p>You authorize us to retain on file your payment card details that you used to make this purchase and to charge your payment card account to pay for any prescription orders requested by you. Should you also choose to enroll in the auto-pay program, you further consent that we may charge your enrolled payment method for prescription orders made by covered household members, including previously ordered prescriptions which are unpaid.</p> <ul style="list-style-type: none"> <li>We will notify you of any changes to this authorization by email or mail as applicable. The transaction amount is determined by your plan's benefit structure at the time the prescription is shipped.</li> <li>State law prohibits the return of prescription medications for resale or reuse. We cannot accept the return of properly dispensed prescription medications for credit or refund.</li> <li>See our privacy policy for information regarding our use and disclosure of personally identifiable information.</li> </ul> |                       |                                                                                                                                                                                                                                                                                                                                         |
| Signature X _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                                                                                                                                                                                                                                                                                                         |
| <b>Credit Card:</b> We accept VISA, MC, Discover, AMEX, Diners                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       | <b>Check or Checking Account</b>                                                                                                                                                                                                                                                                                                        |
| <input type="radio"/> <b>Automatic, ongoing payment through credit card</b><br>Authorize to pay for this order and all future orders with the credit card below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       | <input type="radio"/> <b>Automatic, ongoing payment through checking account</b><br>I authorize to pay for this order and all future orders with the checking account information below or include a voided check.                                                                                                                      |
| <input type="radio"/> <b>For this order only.</b> Simply fill in your credit card information below.<br><b>Credit Card Number</b><br>_____<br><br><b>Exp Date</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       | <input type="radio"/> <b>For this order only.</b> Enclose a check payable to Express Scripts® Pharmacy. Write invoice number on the check.<br><b>Name of checking account holder</b><br>_____<br><br><b>Checking Account Number</b><br>_____<br><br><b>Routing Number (first 9 digits lower-left corner of personal check)</b><br>_____ |
| <p><b>Review your account balance and pay outstanding balances anytime at <a href="https://express-scripts.com/rx">express-scripts.com/rx</a>. To change the limit of the amount we can charge your card without a call to you:</b></p> <ul style="list-style-type: none"> <li>Go to <a href="https://express-scripts.com/rx">express-scripts.com/rx</a></li> <li>Log in to your account</li> <li>Under Account, select Payment Methods; under the method, select Edit</li> <li>Change the payment authorization limit and Save</li> </ul> <p>You can manage all account preferences at <a href="https://express-scripts.com/rx">express-scripts.com/rx</a>.</p>                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                                                                                                                                                                                                                                                                         |

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| <b>5</b>                                                                                                                                                                                                                                                                                                                          | <b>Health History</b> |
| To update your allergies or health conditions: Visit us at <a href="https://express-scripts.com/frontend/consumer/#/health-profile">express-scripts.com/frontend/consumer/#/health-profile</a> or call <b>1.877.438.4417</b> . This information helps us protect you against potentially harmful drug interactions and allergies. |                       |

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| <b>6</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Important reminders and other information</b> |
| <p><b>If you are a Medicare Part B beneficiary AND have private health insurance</b>, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. To verify Medicare Part B prescription coverage, call Medicare at <b>1.800.633.4227</b>.</p> <p><b>For additional information or help</b>, visit us at <a href="https://express-scripts.com/rx">express-scripts.com/rx</a>.</p> <p>Your order may be filled at any one of our Express Scripts® Pharmacies located nationwide.</p> |                                                  |

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| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Generic Substitution</b> |
| <p><b>State law permits a pharmacist to substitute a less-expensive generic equivalent medication</b> for a brand-name medication unless you or your physician directs otherwise. Please note that this applies to new prescriptions and to any future refills of that prescription. Also be aware that you may pay more for a brand-name medication.</p> <p><input type="radio"/> I do not wish to receive a less-expensive brand or generic medication.</p> <p>If the prescription is being submitted electronically, discuss with your doctor.</p> |                             |

Place your prescription(s), order form(s)  
and your payment in an envelope.  
Do not use staples or paper clips.  
Do not affix sticky notes to form.



[express-scripts.com/rx](https://express-scripts.com/rx)

**EXPRESS SCRIPTS PHARMACY**  
**PO BOX 66577**  
**ST LOUIS, MO 63166-6577**