

## **NEW PRESCRIPTION MAIL-IN ORDER FORM**

Secondary Member ID Number           Last Name         First Name         MI           Delivery Address         Apt. #           City         State         ZIP         Phone Number with Area Code           Date of Birth (mm/dd/yyyy)         Gender O M O F         Email         Physician Phone Number with Area Code           Physician Name         Physician Phone Number with Area Code         Email           Physician Name         Physician Phone Number with Area Code           Health history         Onor known         Cephalospoins         NSAIDS         Sulfa           O None known         Cephalospoins         NSAIDS         Sulfa         Sulfa           O None known         O Cadeine         Penicillin         O Tetracyclines         Sulfa           Health Conditions:         O State         O Unters:         O Others:         Others:           O None known         O Cadeire         Healt condition         O Steeporosis         Others:           Over the-counter/herbal medications taken regularly:         Pharmacy processing         Over the-counter/herbal medications here:           Mote known         Diabetes         High blood persure         Thyroid Disease         If you require brand-name medications, please list those medications hary be subject to a higher cost. If you require brand-name medications, please lis	Member and p Member ID Number	-	_		(Additional co	overage, if a	pplicable)	
Delivery Address       Apt. #         City       State       ZIP       Phone Number with Area Code         Date of Birth (mm/dd/yyyy)       Gender       Email       Physician Phone Number with Area Code         Physician Name       Physician Phone Number with Area Code       Physician Phone Number with Area Code         Medication Allergies:       O Aspin       O Engethromy       O Others:       Others:         O Nome Known       O Codeine       O Fightromycin       O Quinolones       O Others:       Others:         O Nome Known       O Codeine       O Fightromycin       O Suffa       Others:       Others:       Others:       Others:         O Nome Known       O Codeine       O Fightromycin       O Unters:       Others:       Others: <td< th=""><th colspan="3"></th><th colspan="3">Secondary Member ID Number</th><th></th></td<>				Secondary Member ID Number				
City       State       ZIP       Phone Number with Area Code         Date of Birth (mm/dd/yyyy)       Gender       Email         Physician Name       Physician Phone Number with Area Code         Health history       Ourolands       Ourolands         Medication Allergies:       O Sprin       Englishing       O Englishing         O None known       C codeine       O Penicillin       O Uters:       O Others:         Amoul/Ampicillin       C codeine       O Heart condition       O Sulfa       O Others:       O Others:         O None known       C codeine       O Heart condition       O Sulfa       O Others:       O Others:         O None known       C codeine       O Heart condition       O Sulfa       O Others:       O Others:         O None known       C codeine       O Heart condition       O Sulfa       O Others:       O Others:         O None known       C codeine       O Heart condition       O Sulfa       O Others:       O Others:         O None known       C codeine       O Heart condition       O Sulfa       O Others:       O Others:         O None known       C codeine       O Heart condition       O theart con	Last Name				First Name			MI
Date of Birth (mm/dd/yyyy)       Gender       Email         Physician Name       Physician Phone Number with Area Code         Health history       Medication Allergies:       O M O F         Wedication Allergies:       O Aprin       Enthromycin       Quinolones       O thers:       O None known         None known       Codeine       Penicillin       Tetracyclines       O Others:       O Others:       O None known       O Activation of Codeine       O Heart condition       O Steoporosis       O Others:       O None known       O Codeine       O Heart condition       O Steoporosis       O Others:       O Others:       O None known       O Codeine       O Diabetes       O High cholesterol       O Others:       O Others:       O Others:       O Others:       O Diabetes       O Diabetes <t< td=""><td>Delivery Address</td><td></td><td>·</td><td></td><td>1</td><td></td><td></td><td>Apt. #</td></t<>	Delivery Address		·		1			Apt. #
OM OF         Physician Name         Physician Phone Number with Area Code         Health history         Wedication Allergies:       Oxpinion         Onne known       Cephalosporins       NSAIDs       O Sulfa         O Annoki/Ampidilin       Codeine       Penicilin       O tetracyclines         Owne known       Cancer       Heart condition       O steoporosis         Dorerthe-counter/herbal medications taken regularly:       Others:       Dorectand-name drugs whenever possible, unless rou or your physician indicate otherwise. Brand-name medications may be subject to a higher cost. If you require brand-name medications, please list those medications here:         Geep on file. If you are including any prescriptions that you want to keep on file for shipment at a later date, please list there will be an stended delay our medications.         Your ay log on to www.myuhc.com to see if drug pricing information is available before enclosing payment. Once shipped, nedications may not be returned for a refund or adjustment.         Ship overnight. Add 512.50 to order amount (subject	City		State	ZIP	Phone Nun		nber with Area Code	
Physician Name       Physician Phone Number with Area Code         Health history       Medication Allergies:       Aspirin       Erythromycin       Quinolones       Others:	Date of Birth (mm/dd/yyyy)							
Medication Allergies:       O Aspirin       O Erythromydin       O Quinolones:       O Others:         D None known       O Cephalosporins       O NSADDs       O Suifa       O Suifa         Amoxil/Ampicillin       O Codeine       O Penicillin       O Tetracyclines       O Others:         Anthritis       O Diabetes       O High cholesterol       O Others:       O Others:         Arthritis       O Diabetes       O High cholesterol       O Others:       O Others:         Over-the-counter/herbal medications taken regularly:       Pharmacy processing         Bieneric substitution.       FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless ou or your physician indicate otherwise. Brand-name medications may be subject to a higher cost. If you require brand-name nedications, please list those medications here:         Geep on file.       If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here diotes to pharmacy:         Payment and shipping information       — do not seend cash         trandard delivery is included at no charge. New prescriptions should arrive within about 10 business days from the date the complexite is received. Completed refill orders should arrive within about 7 business days. OptumRx will contact you if there will be an strended delay in delivering your medications.         Order anom usupit.com to see if drug pricing information is available before enclosing payment. Once shipped, anedicatio	Physician Name					Physician Phone Number with Area Code		
O None known       O Cephalosporins       O NARDS       O Sulfa         O Amoxil/Ampicilin       O Codeine       O Penicillin       O Tetracyclines         Eath Conditions:       O Asthma       O Glaucoma       O High cholesterol       O Others:         O None known       O Cancer       O Heart condition       O Stepoporosis       O Others:         O None known       O Diabetes       O High cholesterol       O Uthers:       O Others:         Over-the-counter/herbal medications taken regularly:         Pharmacy processing         Beneric substitution. FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless ou or your physician indicate otherwise. Brand-name medications may be subject to a higher cost. If you require brand-name nedications, please list those medications here:         Ceep on file. If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here valued et an o charge. New prescriptions should arrive within about 10 business days from the date the complinder is received. Completed refill orders should arrive within about 7 business days. OptumRx will contact you if three will be an stended delay in delivering your medications.         You may log on to www.myuput.com to see if drug pricing information is available before enclosing payment. Once shipped, nedications may not be returned for a refund or adjustment.         O Charge to my REW credit card.       New Credit Card Number       Visa, MasterCard, AMEX and Discover are accepted.	Health history	7						
tealth Conditions:       O Asthma       O Glaucoma       O High cholesterol       O Others:         O None known       O Eancer       O Heart condition       O Steepporosis       O Others:         John this       O Diabetes       O Thyroid Disease       O Others:         John this       O Diabetes       O Thyroid Disease       O Others:         John this       O Diabetes       O Thyroid Disease       O Others:         John this       Diabetes       Diabetes       O Others:       Diabetes         John this       Diabetes       Diabetes       Diabetes       Diabetes         John this       Diabetes       Diabetes       Diabetes       Diabetes         John this       Diabetes       Diabetes       Diabetes       Diabetes       Diabetes         John this       Diabetes       Diabetes </td <td>D None known</td> <td colspan="2">known O Cephalos</td> <td colspan="2">sporins O NSAIDs</td> <td></td> <td colspan="2">O Others:</td>	D None known	known O Cephalos		sporins O NSAIDs			O Others:	
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Pharmacy processing Generic substitution. FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless iou or your physician indicate otherwise. Brand-name medications may be subject to a higher cost. If you require brand-name medications, please list those medications here: Keep on file. If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here Notes to pharmacy: Payment and shipping information — do not send cash itandard delivery is included at no charge. New prescriptions should arrive within about 10 business days from the date the completed delay in delivering your medications. You may log on to www.myuhc.com to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment. Ship overnight. Add \$12.50 to order amount (subject to change). Check enclosed. All checks must be signed and made payable to: OptumRx. Charge to my NEW credit card on file. Charge to my NEW credit card. Signature: To rew prescription orders. By supplying my credit card number, I authorize OptumRx to maintain my credit card on file aspayment method for any future charges. To modify payment selection, contact customer service at any time. Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 293 Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.				3				
Generic substitution. FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless rou or your physician indicate otherwise. Brand-name medications may be subject to a higher cost. If you require brand-name medications, please list those medications here:         Ceep on file. If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here         Notes to pharmacy:         Payment and shipping information — do not send cash         Standard delivery is included at no charge. New prescriptions should arrive within about 10 business days from the date the complorder is received. Completed refill orders should arrive within about 7 business days. OptumRx will contact you if there will be an extended delay in delivering your medications.         You may log on to www.myuhc.com to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.         Ship overnight. Add \$12.50 to order amount (subject to change).       New Credit Card Number         Charge to my credit card on file.       Visa, MasterCard, AMEX and Discover are accepted.         Charge to my NEW credit card.       Expiration Date (Month/Year) and Discover are accepted.         Signature:       Date:         or prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses elated to prescription orders. By supplying my credit card number, I authorize OptumRx to maintain my credit card on file as agarent method for any future charges. To modify payment selection, contact customer service at any tim								
Generic substitution. FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless rou or your physician indicate otherwise. Brand-name medications may be subject to a higher cost. If you require brand-name medications, please list those medications here:         Ceep on file. If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here         Notes to pharmacy:         Payment and shipping information — do not send cash         Standard delivery is included at no charge. New prescriptions should arrive within about 10 business days from the date the complorder is received. Completed refill orders should arrive within about 7 business days. OptumRx will contact you if there will be an extended delay in delivering your medications.         You may log on to www.myuhc.com to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.         Ship overnight. Add \$12.50 to order amount (subject to change).       New Credit Card Number         Charge to my credit card on file.       Visa, MasterCard, AMEX and Discover are accepted.         Charge to my NEW credit card.       Expiration Date (Month/Year) and Discover are accepted.         Signature:       Date:         or prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses elated to prescription orders. By supplying my credit card number, I authorize OptumRx to maintain my credit card on file as agarent method for any future charges. To modify payment selection, contact customer service at any tim	Pharmacy pro	cessina						
Standard delivery is included at no charge. New prescriptions should arrive within about 10 business days from the date the completed refill orders should arrive within about 7 business days. OptumRx will contact you if there will be an extended delay in delivering your medications.         You may log on to www.myuhc.com to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.         Ship overnight. Add \$12.50 to order amount (subject to change).       New Credit Card Number         Check enclosed. All checks must be signed and made payable to: OptumRx.       Expiration Date (Month/Year)       Visa, MasterCard, AMEX and Discover are accepted.         Signature:       Date:       Date:       Date:         For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, I authorize OptumRx to maintain my credit card on file as payment method for any future charges. To modify payment selection, contact customer service at any time.         Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 292         Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.         ORX5633-UHCEI_130419	Notes to pharmacy:						ι αι α ιαιεί uate, piease	e nst them nere
medications may not be returned for a refund or adjustment.   Ship overnight. Add \$12.50 to order amount (subject to change). Check enclosed. All checks must be signed and made payable to: OptumRx. Charge to my credit card on file. Charge to my NEW credit card. Signature:	Standard delivery is inclue order is received. Comple	ded at no ch eted refill ord	arge. New pre lers should arri	scriptions shoul	d arrive within	about 10 bu	usiness days from the c will contact you if the	late the comple re will be an
order amount (subject to change).       New Credit Card Number         Check enclosed. All checks must be signed and made payable to: OptumRx.       Image: Charge to my credit card on file.         Charge to my NEW credit card.       Expiration Date (Month/Year)         Signature:       Date:	You may log on to <b>www</b> medications may not be	<b>v.myuhc.cor</b> returned for	<b>n</b> to see if dru a refund or ac	g pricing inform Jjustment.	nation is availat	ole before er	closing payment. Once	e shipped,
signed and made payable to: OptumRx. Charge to my credit card on file. Charge to my NEW credit card. Signature:	order amount (subject	t to change).	1	New Credit				
Signature:			mRx. Expiration Date (Month,		Date (Month/Ye	Year) Visa, MasterC		
<ul> <li>The prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses elated to prescription orders. By supplying my credit card number, I authorize OptumRx to maintain my credit card on file as payment method for any future charges. To modify payment selection, contact customer service at any time.</li> <li>Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 297 Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.</li> </ul>	Charge to my NEW	credit card.			· · · · · · · · · · · · · · · · · · ·	   		rd, AMEX re accepted.
<ul> <li>related to prescription orders. By supplying my credit card number, I authorize OptumRx to maintain my credit card on file as payment method for any future charges. To modify payment selection, contact customer service at any time.</li> <li>Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 297 Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.</li> <li>ORX5633-UHCEI_130419</li> </ul>	Signature:						Data	ird, AMEX re accepted.
Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 297 Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.								re accepted.
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