

# Medco By Mail Order Form

Benefits provided by UnitedHealthcare



## For Refills

To order online: visit [www.cs.state.ny.us](http://www.cs.state.ny.us). Have your Enrollee ID 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 **1 877 7 NYSHIP (1 877 769-7447), Option 4**, to use the automated refill system. Have your Enrollee ID 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.

## For All Mail Orders

Place all prescriptions and refill slips together with this completed order form and your payment in the postage paid envelope addressed to:

**Medco  
PO Box 747000  
Cincinnati, OH 45274-7000**

## If You Need Additional Help

Call **1 877 7 NYSHIP (1 877 769-7447), Option 4**.

## Customer Information

RxGrp: UH0712959      Enrollee ID #: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Daytime telephone

Evening telephone

## Shipping address if different from your mailing address

Check if  Temporary  Permanent

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

Patient name	Patient's relation to plan enrollee (fill in one)			Sex	Birth date M/D/YYYY	Doctor name and phone number	Does patient have any other prescription plan?
1	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Order Information

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

Subtotal of this order \$

Optional expedited shipping\* \$14.00 per order (subject to change)

Total enclosed (do not send cash) \$

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

CREDIT CARD NUMBER

M   Y

EXPIRATION DATE

**X** \_\_\_\_\_  
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.

Paying by check? Write your Enrollee ID number on your check or money order made payable to Medco Health Solutions, Inc.

**MEDCO HEALTH SOLUTIONS OF FAIRFIELD  
PO BOX 747000  
CINCINNATI OH 45274-7000**

FOLD BACK HERE

FOLD BACK HERE

**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 Enrollee ID 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.**

**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 overnight for next day delivery by an expedited service offered to your area. (Note: Orders for expedited shipping placed on Saturday will arrive on Monday.) 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.

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

The Empire Plan requires that when an equivalent generic is available, mandatory generic substitution applies. If a brand name prescription medication is dispensed when a generic equivalent is available, the enrollee will be required to pay the applicable copay plus the difference in cost between the brand name medication and the generic, not to exceed the full cost of the medication.

Get more information from [www.cs.state.ny.us](http://www.cs.state.ny.us).