HOME DELIVERY ORDER FORM

Express Scripts® Pharmacy

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** 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. (●)

1 Member Information

Member ID Number	Group #
Member Last Name	Member First Name
Want updates on your order? Register on our website. **express-scripts.com**	Email address
To GO GREEN go to express-scripts.com/green to update your Communication Preferences under Account	

2 Shipping Address

○ Permanent ○ Temporary — If temporary address, please provide effective dates 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 M○ H○ W○	Secondary Phone Number	Choose One M○ H○ W○

Shipping Method (Expedited shipping will **not** rush prescription processing)

○ Standard	Free	Arrives within 5-10 days after order is shipped
○ Two Day	$18.00	Arrives 2 business days after order is shipped
○ One Day	$26.00	Arrives 1 business day after order is shipped

3 Patient Information

Please only include prescriptions for patients covered under the above Member ID

Patient #1	
Patient Last Name	Patient First Name
Patient DOB	Gender ○ Male ○ Female
Physician Name	Physician Phone
Patient #2	
Patient Last Name	Patient First Name
Patient DOB	Gender ○ Male ○ Female
Physician Name	Physician Phone

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4 Payment Method — Do not send cash

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.

- 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.
- 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.
- See our privacy policy for information regarding our use and disclosure of personally identifiable information.

Signature X _____

Credit Card: We accept VISA, MC, Discover, AMEX, Diners	**Check or Checking Account**
◯ **Automatic, ongoing payment through credit card** Authorize to pay for this order and all future orders with the credit card below.	◯ **Automatic, ongoing payment through checking account** I authorize to pay for this order and all future orders with the checking account information below or include a voided check.
◯ **For this order only.** Simply fill in your credit card information below.	◯ **For this order only.** Enclose a check payable to Express Scripts® Pharmacy. Write invoice number on the check.
Credit Card Number _____	**Name of checking account holder** _____
Exp Date _____	**Checking Account Number** _____
	Routing Number (first 9 digits lower-left corner of personal check) _____

Review your account balance and pay outstanding balances anytime at express-scripts.com/rx. To change the limit of the amount we can charge your card without a call to you:

- Go to express-scripts.com/rx
- Log in to your account
- Under Account, select Payment Methods; under the method, select Edit
- Change the payment authorization limit and Save

You can manage all account preferences at express-scripts.com/rx.

5 Health History

To update your allergies or health conditions: Visit us at **express-scripts.com/frontend/consumer/#/health-profile** or call **1.877.438.4417**. This information helps us protect you against potentially harmful drug interactions and allergies.

6 Important reminders and other information

If you are a Medicare Part B beneficiary AND have private health insurance, 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 **1.800.633.4227**.

For additional information or help, visit us at **express-scripts.com/rx**.

Your order may be filled at any one of our Express Scripts® Pharmacies located nationwide.

7 Generic Substitution

State law permits a pharmacist to substitute a less-expensive generic equivalent medication 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.

☐ I do not wish to receive a less-expensive brand or generic medication.

If the prescription is being submitted electronically, discuss with your doctor.

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

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