HOME DELIVERY ORDER FORM





| 1 Member information: Please verify or provide member information below. | |
|---|---|
| Member ID: Group: | Please send me e-mail notices about the status of the enclosed prescription(s) and online ordering at: |
| Name: Street Address: Street Address: | New shipping address: |
| Street Address: | |
| City, ST, ZIP: | (Express Scripts will keep this address on file for all orders from this membership until another shipping address is provided by any person in this membership.) |
| Daytime phone: | Evening phone: |
| 2 Patient/doctor information: Complete one section for each person with a prescription. If a person has prescriptions from more than one doctor, complete a new section for each doctor (additional sections are on back). Send all prescriptions in one envelope. | |
| First name | Last name |
| | Patient's relationship to member |
| Doctor's last name | 1st initial Doctor's phone number |
| First name | Last name |
| | Patient's relationship to member |
| 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 Express Scripts, and write your member ID number on the front. You can enroll for e-check payments and price medications at Express-Scripts.com, or call the Member Services phone number found on your 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 | Credit card number |
| Expiration date M M Y Y Cardholder signature | I authorize Express Scripts to charge this card for all orders from any person in this membership. |

□ Rush the mailing of this shipment (\$21, cost subject to change). NOTE: This will only rush the shipping, not the processing of your order. Street address is required; P.O. box is not allowed.

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Mailing instructions are provided on the back of this form.

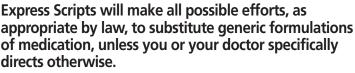
| Patient/doctor information continued | |
|--------------------------------------|-------------------------------------|
| First name | Last name |
| Birth date (MM/DD/YYYY) Sex | Patient's relationship to member |
| | Self Spouse Dependent |
| Doctor's last name | 1st initial Doctor's phone number |
| First name | Last name |
| Birth date (MM/DD/YYYY) Sex | Patient's relationship to member |
| □ □ M □ F | Self Spouse Dependent |
| Doctor's last name | 1st initial Doctor's phone number |

Important reminders and other information

Check that your doctor has prescribed the maximum days' supply allowed by your plan (not a 30-day supply), plus refills for up to 1 year, if appropriate. Also, ask your doctor or pharmacist about safe, effective, and less expensive generic drugs.

Complete the Health, Allergy & Medication Questionnaire. **There may be a limit to the balance** that you can carry on your account. If this order takes you over the limit, you must include payment. Avoid delays in processing by using e-checks or a credit card. (See Section 3 for details.)

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. Or, call Member Services at the phone number found on your ID card. To verify Medicare Part B prescription coverage, call Medicare at 1.800.633.4227.



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 any refills of that prescription.

For additional information or help, visit us at Express-Scripts.com or call Member Services at the phone number on your ID card. TTY/TDD users should call 1.800.759.1089.

Federal law prohibits the return of dispensed controlled substances.

 Program:
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Place your prescription(s), this form, and your payment in an envelope. Do not use staples or paper clips.