



1 Customer information: Please verify or provide customer information below.

Enrollee ID #: _____
Rx Grp #: **UH0712959**

Name: _____
Street Address: _____
Street Address: _____
City, ST, ZIP: _____

Refills do not require using this form. For refill information visit www.cs.ny.gov, or call **1-877-7-NYSHIP**.

Daytime phone: [][][][][][][][][][][][][][][][]

Please send me e-mail notices about the status of the enclosed prescription(s) and online ordering at: _____ @ _____

New shipping address: _____

(Medco will keep this address on file for all orders from this enrollee until another shipping address is provided by any person under this ID number.)

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 [][][][][][][][][][][][][][][][]

Birth date (MM/DD/YYYY) [][][][][][][][][][][][][][][][] Sex M F

Patient's relationship to enrollee Self Spouse Dependent

Doctor's last name [][][][][][][][][][][][][][][][]

1st initial [] Doctor's phone number [][][][][][][][][][][][][][][][]

First name [][][][][][][][][][][][][][][][]

Last name [][][][][][][][][][][][][][][][]

Birth date (MM/DD/YYYY) [][][][][][][][][][][][][][][][] Sex M F

Patient's relationship to enrollee Self Spouse Dependent

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 Medco Health Solutions, Inc.**, and write your enrollee ID number on the front. You can enroll for e-check payments and price medications at www.cs.ny.gov, or call **1-877-7-NYSHIP**.

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

Expiration date

[][][][][][]

M M Y Y

X _____
Cardholder signature

Credit card number

[][][][][][][][][][][][][][][][]

I authorize Medco to charge this card for all orders from any person under this ID number.

Rush the mailing of this shipment (\$15, 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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Patient/doctor information continued

First name

Last name

Birth date (MM/DD/YYYY)

Sex

Patient's relationship to enrollee

 M F 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 enrollee

 M F Self Spouse Dependent

Doctor's last name

1st initial

Doctor's phone number

Important reminders and other information

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.)

Medco will make all possible efforts, as appropriate by law, to substitute generic formulations of medication, unless you or your doctor specifically directs otherwise.

Pennsylvania and Texas laws permit pharmacists to substitute a less expensive generic equivalent for a brand-name medication unless you or your doctor directs otherwise. **Check the box if you do not wish a less expensive brand or generic medication.**

Please note that this applies only to new prescriptions and to any refills of that prescription.

Automatic generic equivalent substitution of certain brand-name medications is allowed by law in Texas, Florida, and Ohio, unless you or your doctor specifically 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.

For additional information or help, visit us at www.cs.ny.gov or call 1-877-7-NYSHIP (1-877-769-7447), Option 4. TTY/TDD users should call 1-800-759-1089.

Federal law prohibits the return of dispensed controlled substances.

Mailing instructions: Place your prescription(s), this form, and your payment in an envelope addressed to:

MEDCO HEALTH SOLUTIONS OF FAIRFIELD
P.O. BOX 6500
CINCINNATI, OH 45201-6500



FOLD HERE

FOLD HERE