

GETTING STARTED IS JUST A PHONE CALL AWAY

And it's convenient. Just call **1.800.711.4550** (TTY: **1.800.498.5428**), 24 hours a day, 7 days a week and we'll request a new prescription from your doctor. All we need is your prescription information (medication name(s) and dosage) and the full name and phone number of your doctor.

Ordering By Mail

If you prefer ordering by mail instead of calling, you can complete the enclosed prescription order form and return it with your payment † and prescription(s). For identification accuracy, please write your date of birth on each prescription. Just follow these step-by-step instructions to begin taking advantage of the Mail Service Pharmacy:

1. **For current medications:** Have your doctor send you a new prescription for your current maintenance medications. Be sure your doctor prescribes a 90-day supply, plus three refills.
2. **For new medications:** Have your doctor write two prescriptions: one for a 30-day supply and one for a 90-day supply plus three refills. Fill the 30-day prescription at your local pharmacy. Then once you and your doctor are confident you'll continue on this new medication, follow step 3.
3. **Mail your doctor's original prescription, along with payment†, in the attached envelope.** Be sure to include the confidential patient profile questionnaire also attached.

Your prescription should arrive in about 7 working days from the day your order is received. Included with your medication will be a reorder form, detailed instructions that tell you how to take the medication, possible side effects and other information. If you'd like to consult with one of our pharmacists regarding any questions or concerns, please call our Customer Service department at **1.800.711.4550**(TTY: **1.800.498.5428**), 24 hours a day, 7 days a week.

Refills Are Even Easier

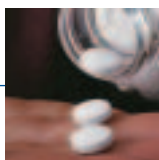
It's simple to order refills or to find out how many refills you have left. You can do this by phone, mail or over the Internet at **www.partnersrx.com**. Refills are usually processed within 48 hours, and you can order three weeks before your medication runs out.

CALL TOLL-FREE TO FIND OUT MORE

We know there are times you'll need to talk to a pharmacist about your prescriptions, so we have a licensed pharmacist on call 24 hours a day, 7 days a week.

To learn more about the Mail Service Pharmacy in general or to speak to a pharmacist, call our Customer Service department at **1.800.711.4550** (TTY: **1.800.498.5428**), 24 hours a day, 7 days a week.

†For copayment amounts, drug coverage information, or general plan questions, please call the customer service number located on the back of your member ID card.



Mail Service Pharmacy Order Form

Please be sure to include this order form and your original prescription(s).

Member ID #

Date of Birth

--

Gender

 F M

Last Name

First Name

MI

Delivery Address

City

State

Zip

Phone Number

--

Email Address:

Doctor Name (Last, First)

Doctor Phone Number

--

Health History

Please complete if not reported previously or a change has occurred.

Allergies:

No Known

Cephalosporins

Codeine

Ampicillin

Tetracycline

Aspirin

Sulfonamides/Sulfa

Penicillin

Erythromycin

Quinolones

Other (please specify): _____

Health Conditions:

Arthritis

Asthma

Diabetes

Glaucoma

Heart Condition

High Blood Pressure

High Cholesterol

Osteoporosis

Thyroid Problems

Cancer

Other (please specify): _____

Please list any Over The Counter or Herbal Medications you take regularly: _____

Special Instructions

In order to provide you with high quality medications at the best possible price, we substitute FDA-approved generic equivalents for brand name medications whenever possible. Generic medications will not be sent if your doctor indicates a brand name medication should be dispensed. **If you require a brand name medication for this order, please check the box below and list all medication names*:**

*Brand name medications may be subject to a higher cost.

Payment & Shipping Information

Do Not Send Cash

Standard shipping of your order is free and most are shipped by the U.S. Postal Service. Please note, the shipment method will not expedite processing time. If you require a faster shipping method for this order, please indicate below.

Use credit card on file

Overnight Shipment Method -Add \$12.50 to order amount

Use enclosed check for payment

All checks must be signed and made payable to Partners Rx

Use credit card for payment: (Visa, MasterCard, Discover, American Express)

Credit Card Number:

Exp. Date (month/year)

Signature: _____

This credit card will be billed for medicine costs, expedited shipping (if applicable), and any outstanding balances. It will also be billed for all future orders, unless you provide a different form of payment. Payment in excess of amounts due will be applied to your account. If method of payment is not indicated, we will apply the charges to the credit card on file.

Return Address



**PO BOX 509075
SAN DIEGO, CA 92150-9075**



**Please mail your completed form and prescription
to the address shown above on the envelope.**