



# HOME DELIVERY

## New Prescription Mail Order Form

### 1 Member — please use black or blue ink. One form per member. Enroll online or download additional forms at [bcbsri.com](http://bcbsri.com) or call 1-866-235-1057

|                             |   |  |   |
|-----------------------------|---|--|---|
| Member ID and Group Numbers |   |  |   |
| Last Name                   | First Name  | MI   | Relationship to Member<br><input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent |
| Delivery Address*           |   |  | Apt. #  |
| City                        | State   | Zip  | Preferred Phone Number<br>( )   |
| Date of Birth (mm/dd/yyyy)  | Gender<br><input type="radio"/> M <input type="radio"/> F | Driver's License or SSN (required for controlled substances) |   |

\*A physical address (not a PO Box) is required for temperature sensitive medications and controlled substances.

### 2 Health history

|   |                                      |   |  |                                     |
|---|--------------------------------------|---|--|-------------------------------------|
| <b>Medication Allergies:</b>            | <input type="radio"/> Aspirin        | <input type="radio"/> Erythromycin        | <input type="radio"/> Quinolones       | <input type="radio"/> Others: _____ |
| <input type="radio"/> None known        | <input type="radio"/> Cephalosporins | <input type="radio"/> NSAIDs              | <input type="radio"/> Sulfa            | _____                               |
| <input type="radio"/> Amoxil/Ampicillin | <input type="radio"/> Codeine        | <input type="radio"/> Penicillin          | <input type="radio"/> Tetracyclines    | _____                               |
| <b>Health Conditions:</b>               | <input type="radio"/> Asthma         | <input type="radio"/> Glaucoma            | <input type="radio"/> High cholesterol | <input type="radio"/> Others: _____ |
| <input type="radio"/> None known        | <input type="radio"/> Cancer         | <input type="radio"/> Heart condition     | <input type="radio"/> Osteoporosis     | _____                               |
| <input type="radio"/> Arthritis         | <input type="radio"/> Diabetes       | <input type="radio"/> High blood pressure | <input type="radio"/> Thyroid Disease  | _____                               |

**Prescription and over-the-counter medications taken regularly:**

### 3 Pharmacy processing

**Generic substitution.** FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible. If you require brand-name medications, your doctor should indicate so on the prescription.

### 4 Payment and shipping information — do not send cash

Please allow 10 – 14 days for delivery. Expedited shipping options are also available. Please note that this reduces transit time and will NOT affect the processing time of your prescription. If you do not get your order within 14 days, please contact Member Services. **Please review your order carefully.** Once submitted, an order cannot be canceled or returned.

|   |   |
|---|---|
| <b>Shipping Methods:</b>  | New Credit Card Number  |
| <input type="radio"/> Normal (no charge)  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="radio"/> 2nd Day Air (\$11.00)                                     | Expiration Date (Month/Year)  |
| <input type="radio"/> Next Day Air (\$25.00)                                    | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |
| <input type="radio"/> Check enclosed. Make checks out to OptumRx Home Delivery. | <input type="radio"/> Keep this card on file as my preferred credit card  |
| <input type="radio"/> Charge to my credit card on file.                         | <b>Signature:</b> _____ <b>Date:</b> _____  |
| <input type="radio"/> Charge to my NEW credit card.                             |   |

Orders received without payment may result in delays in processing extended delivery times.

### 5 Mail this completed order form with your new prescription(s) to: OptumRx Home Delivery, PO Box 407096, Ft. Lauderdale, FL 33340-7096

