

# Fill your prescriptions with home delivery.

### How it works.

- **1** Order up to a three-month supply of your maintenance medications ones you take regularly.
- **2 OptumRx**<sup>®</sup> **fills your order**, mails it to you and lets you know when to expect your delivery.
- **3 Your medication arrives** within 4 to 7 days of placing the order. OptumRx will notify you if there will be a delay in your order.

#### Four easy ways to enroll:

#### ePrescribe.

Or your doctor can send an electronic prescription to OptumRx.

#### Online.

Log in to the website on your member ID card.

#### Phone.

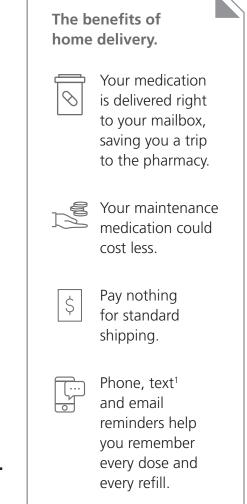
Call the toll-free number on your member ID card.

#### Mail.

Complete the attached order form and mail it to **OptumRx, P.O. Box 2975, Mission, KS 66201.** 

## Manage your medication home delivery on the go.

Order and track your prescriptions online or with our app.



<sup>1</sup> OptumRx provides this service at no additional cost. Standard message and data rates charged by your carrier may apply.



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum<sup>®</sup> company — a leading provider of integrated health services. Learn more at **optum.com**.

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## **NEW PRESCRIPTION MAIL-IN ORDER FORM**

Additional coverage, if a							
	pplicable) Secondai	y Meml	per ID Number				
Last Name			First Name				MI
Delivery Address							Apt. #
City			State		ZIP		
hone Number with Area	Code						
		Gender Email O M O F					
hysician Name			<u> </u>				
hysician Phone Number	with Area Code						
Health history							
	O Cephalosporins O N		/thromycin AIDs nicillin	O Quinolones O Sulfa O Tetracyclines		O Others:	
lealth Conditions: D None known	O Cancer C		O Glaucoma O Heart condition O High blood pressure		cholesterol oporosis oid Disease	O Others:	
)ver-the-counter/herba				<u> </u>			
Payment and s	hipping infor	matio	n — do not s	end ca	sh		
tandard delivery is includ rder is received. Complet xtended delay in deliverir	ted refill orders shou	Id arrive					
'ou may log on to <b>optum</b> nay not be returned for a			ng information is a	wailable b	pefore enclosi	ng payment. Once	shipped, medicati
Ship overnight. Add Sorder amount (subject t	New Credit Card Number						
Check enclosed. All checks must be signed and made payable to: OptumRx.			Expiration Data (Month Wart) Visa, MasterCard, AMEX				
$\bigcirc$ Charge to my credit card on file.			Expiration Date (Month/Year) and Discov				er are accepted.
Charge to my NEW credit card.			iJiiiij			Data	
ignature: or new prescription order elated to prescription ord ayment method for an	lers. By supplying m	y credit	card number, I au	thorize C	OptumRx to	maintain my crec	lit card on file as

