

Patient/doctor information continued

First name

Last name

Birth date (MM/DD/YYYY)

Gender

Patient's relationship to member

 M F Self Spouse/Domestic partner Dependent

Doctor's last name

1st initial

Doctor's phone number

First name

Last name

Birth date (MM/DD/YYYY)

Gender

Patient's relationship to member

 M F Self Spouse/Domestic partner Dependent

Doctor's last name

1st initial

Doctor's phone number

Important reminders and other information

Your mail-order pharmacy service is provided through Express Scripts, an independent company that offers Premera members speed, convenience and savings for prescription drugs.

Check your prescription. *Your mail service copay applies regardless of the days' supply written. To optimize your benefit, prescriptions should be written for up to the supply maximum allowed by your Plan, 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 1-800-391-9701. To verify Medicare Part B

prescription coverage, call Medicare at 1-800-MEDICARE.

Save money with generic drugs. Express Scripts will make all possible efforts, as appropriate by law, to substitute generic formulations of medication, unless you or your doctor specifically directs otherwise. *If a brand-name drug is dispensed when a generic is available, you may have to pay the difference in price between the cost of the generic and the cost of the brand-name drug, plus your copay/coinsurance.*

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 **MyPharmacyPlus** at *premera.com* or call Member Services at 1-800-391-9701. TTY/TDD users should call 1-800-759-1089.

Federal law prohibits the return of dispensed controlled substances.

Place your prescription(s), this form, and your payment in the envelope (if provided). Be sure the address shows through the window. Do not use staples or paper clips.

EXPRESS SCRIPTS
PO BOX 747000
CINCINNATI, OH 45274-7000



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