

NEW PRESCRIPTION MAIL-IN ORDER FORM

Member and ph	nysician	informa	ation ·	— pleas	e use k	olac	k or blue	e ink.	One form	per member.
Member ID Number										
(Additional coverage, if ap	plicable) S	econdary N	Лember	ID Number	r					
Last Name				First Name					MI	
Delivery Address										Apt. #
City			State				ZIP			
Phone Number with Area	Code									
Date of Birth (mm/dd/yyyy)		Gender O M O	Gender Email O M O F							
Physician Name										
Physician Phone Number v	with Area (Code								
Health history										
O None known	ne known O Cephalosp		O Erythromycin O NSAIDs O Penicillin		0	O Quinolones O Sulfa O Tetracyclines		O Others:		
Health Conditions: O None known	O Asthma O Cancer O Diabetes		O Glaucoma O Heart condition O High blood pressure		0	O High cholesterol O Osteoporosis O Thyroid Disease		O Others:		
Over-the-counter/herbal medications taken regularly:										
Payment and shipping information — do not send cash										
Standard delivery is include order is received. Complete extended delay in deliverin	ed at no ch ed refill ord g your med	arge. New lers should dications.	prescript arrive w	tions should ithin about	d arrive w 7 busine	vithin ss da	about 10 b ys. OptumR	x will co	ntact you if t	here will be an
You may log on to optum may not be returned for a	refund or a			information	ı is availal	ble be	efore enclos	ing payr	ment. Once s	hipped, medications
Ship overnight. Add \$12.50 to order amount (subject to change). New Credit Card Number										
O Check enclosed. All checks must be signed and made payable to: OptumRx.				Expiration Date (Month/Year)					Visa, Master	Card, AMEX
○ Charge to my credit co		al					and Discover	are accepted.		
Signature: Date:										
For new prescription orders related to prescription order payment method for an	ers. By supp y future c	olying my ci harges. To	redit care modify	d number, I payment se	l authori election, c	ze O conta	ptumRx to ct customer	mainta service	ce and other iin my credit at any time.	t card on file as

Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 509075 San Diego, CA 92150. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.



ORX5634_140915 **NRX001**