

First Time Medco By Mail Order Form



Enrollee Information

Enrollee ID Number: _____

Group: UH0712959 _____

Name: _____

Street Address: _____

Street Address: _____

Street Address: _____

City, ST, ZIP: _____

Daytime telephone: - -

Evening telephone: - -

Shipping address if different from your mailing address

Check if Temporary Permanent

I understand the information I provide may be released to and used by my health plan in connection with the benefit plan programs. Information may be used for other reporting and analysis purposes without identification of me or my family members.

Signature X _____

Information Required for Each Refill Order (be sure to include a refill slip for each refill you order)

Patient name	Patient's Relation to enrollee	Sex	Birth Date	Doctor name and phone number	Drug name/ Strength	Current Prescription #
1	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> M <input type="checkbox"/> F	MM/DD/YYYY / /			
2	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> M <input type="checkbox"/> F	MM/DD/YYYY / /			
3	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> M <input type="checkbox"/> F	MM/DD/YYYY / /			

If you have additional prescriptions to order, you may make additional copies of this order form.

Payment Information

Please choose a form of payment:

- Money Order
- Check (Make payable to Medco)
- MC VISA® AMEX Diner's Club® Disc/NOVUS®

Total Refill Prescriptions Enclosed: _____

Total Dollar Amount Enclosed: \$ _____
(please do not send cash)

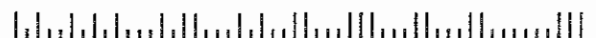
Credit Card Number

M Y X _____

Expiration Date Cardholder's Signature

If you would like us to retain this credit card information to conveniently charge all future orders to it, please place a check mark in this box.

MEDCO HEALTH SOLUTIONS OF FAIRFIELD
P O BOX 747000
CINCINNATI OH 45274-7000



It's easy to order your prescriptions from Medco By Mail.

Thank you for choosing **Medco By Mail** for convenient delivery of your medications.

No new prescription is needed if you have refills left on your current prescription.*

Below are the three methods you can use to order prescriptions from Medco By Mail. Please have your enrollee ID number on hand before you begin, along with the prescription number from a current mail-order prescription label or refill slip. Please start the process when you have a 2-week supply of medication remaining.

On-line

- Visit www.cs.state.ny.us.
- Once in the Empire Plan Providers, Pharmacies and Services area, click on the link to Medco By Mail.
- Activate your account by registering with your enrollee ID number and enter a recent prescription number.
- Follow the instructions to refill your prescription.

By telephone

- Call toll-free at 1 877 7 NYSHIP (1 877 769-7447), Option 4.
- Use our automated phone system to request your prescription refill. If you need help, you will be transferred to a Customer Care representative.

By mail

- Fill out the information on the other side of this form.
- Attach your most recent refill slip(s) in the space indicated.
- Use the included Medco By Mail envelope to mail us the completed form and your mail-order co-payment.

*Please note that prescriptions for certain controlled substances and compound medications cannot be transferred. You will need to obtain a new prescription from your doctor for these types of medications. There may also be some situations when this transfer process will not be successful and you will need to request a new prescription from your doctor. If you request a refill that cannot be transferred, Medco will notify you to contact your doctor.

*We look forward to assisting you
with your prescription needs*

For faster service, please affix your current
refill slip(s) for each prescription in the
space provided.

Your medication will be sent to you via
U.S. mail, usually within 7 to 11 days.

***Affix
Refill Slip(s)
Here***

medco[®]

