HOME DELIVERY ORDER FORM





1 Member information: Please verify or provide me	ember information below.
Member ID: Group:	☐ Please send me e-mail notices about the status of the enclosed prescription(s) and online ordering at:
Name: Street Address: Street Address:	■
Street Address:	(Express Scripts will keep this address on file for all orders from this membership until another shipping address is provided by any person in this membership.)
Daytime phone:	Evening phone:
	n for each person with a prescription. If a person has new section for each doctor (additional sections are on
First name Last na	me
	's relationship to member Spouse Dependent
Doctor's last name	1st initial Doctor's phone number
First name Last na	me
Birth date (MM/DD/YYYY) Sex Patient's relationship to member M F Self Spouse Dependent	
Doctor's last name	1st initial Doctor's phone number
Complete your order: You can pay by e-check, check, money order, or credit card. Make checks and money orders payable to Express Scripts, and write your member ID number on the front. You can enroll for e-check payments and price medications at Express-Scripts.com, or call the Member Services phone number found on your ID card.	
Number of prescriptions sent with this order:	
Payment options: ☐e-check ☐Payment enclosed ☐Credit card ☐Send bill	
For credit card payments: ☐ Visa ☐ MC ☐ Discover ☐ Amex ☐ Diners	Credit card number
Expiration date X M M Y Y Cardholder signature	☐ I authorize Express Scripts to charge this card for all orders from any person in this membership.
Rush the mailing of this shipment (\$21, cost subject not the processing of your order. Street address is	

STLT2NWB

First name	Last name
Birth date (MM/DD/YYYY) Sex	Patient's relationship to member
M F	Self Spouse Dependent
Doctor's last name	1st initial Doctor's phone number
First name	Last name
Birth date (MM/DD/YYYY) Sex ☐ M ☐ F	Patient's relationship to member ☐ Self ☐ Spouse ☐ Dependent
Doctor's last name	1st initial Doctor's phone number
Important reminders and other informati	on
refills for up to 1 year, if appropriate. Also, ask your or pharmacist about safe, effective, and less expensing generic drugs. Complete the Health, Allergy & Medication Question There may be a limit to the balance that you can on your account. If this order takes you over the liming must include payment. Avoid delays in processing be e-checks or a credit card. (See Section 3 for details.) If you are a Medicare Part B beneficiary AND private health insurance, check your prescription benefit materials to determine the best way to ge Medicare Part B drugs and supplies. Or, call Member Services at the phone number found on your ID can be provided at 1.800.633.4227. Program: <>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	directs otherwise. 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 us at Express-Scripts.com or call Member Services at the phone number found on your ID card. TTY/TDD users should call 1.800.759.1089.

Place your prescription(s), this form, and your payment in an envelope. Do not use staples or paper clips.

EXPRESS SCRIPTS PO BOX 66567 ST. LOUIS, MO 63166-6567