Discover the convenience of the

OptumRx™ Mail Service Pharmacy

As part of your pharmacy benefit, you may be able to save money and time by using the mail service pharmacy.

UnitedHealthcare®

Personalized attention, safety, and savings – the advantages of the OptumRx™ Mail Service Pharmacy.

Depending on your benefit plan, you could save money by ordering a 3-month supply of medication for just one mail-order copayment/coinsurance*. Your medications are shipped to you with standard shipping at no cost to you.

Help managing your ongoing medications

You will have 24/7 access to pharmacists who are trained on the medications used to treat a specific condition, such as diabetes. They are available by phone to review your medications. If there is a potential problem, an OptumRx pharmacist will contact your doctor.

With mail service you'll get:

▸ 24/7 phone access to pharmacists

▸ Information about potential lower-cost medication options

▸ Standard shipping at no cost to you

▸ A state-of-the-art dispensing process with multiple quality checks for safety and accuracy

*You may need to meet a deductible before copayment/coinsurance applies.

Getting started is simple and easy

Online:

- Log on to **myuhc.com®**
- Click on *"Manage My Prescriptions"* and select *"Transfer Prescriptions."*
- Select the medications you would like to transfer to the mail service pharmacy.

By mail:

- Ask your doctor for a new prescription for up to a 3-month supply, plus refills for up to one year (if appropriate).
- Go to **myuhc.com** and download an order form
- Mail the new prescription and order form to the address provided

By fax:

- Ask your doctor for a new prescription as described above.
- Your doctor can call **1-800-788-4863** for instructions to fax prescription(s) directly to the OptumRx Mail Service Pharmacy. (NOTE: Faxed prescriptions can only be accepted from your doctor's office.)

Once OptumRx receives your complete order for a *new* prescription, your medications should arrive within ten business days – completed *refill* orders should arrive in about seven business days. If you need your medication right away, ask your doctor for a 1-month supply prescription you can fill at a participating retail pharmacy.

Frequently Asked Questions

1. Can the OptumRx Mail Service Pharmacy help me save money compared to a retail pharmacy?
Yes, most plans entitle members to a lower copay when they receive their medications through the mail service pharmacy.

2. Does the OptumRx Mail Service Pharmacy have other ways to help me keep costs down?
Yes. One way is by identifying less expensive alternatives to brand-name medications that you may discuss with your doctor.

3. Can the OptumRx Mail Service Pharmacy ship medications that need refrigeration?
Yes. Perishable medications are shipped expedited at no charge in temperature-controlled packages when appropriate.

4. How are medications sent through the mail?
All medications are sealed helping to protect your safety and privacy.

For more information, call the toll-free member phone number on the back of your health plan ID card or visit **myuhc.com**.®

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myuhc.com

New Prescription Mail-In Order Form

1 **Please use black or blue ink and mail this completed order form with your new prescription(s).**
DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

Primary Member ID Number:	(Additional coverage, if applicable) Secondary Member ID Number:	

Last Name	First Name	MI

Delivery Address	Apt. #

City	State	ZIP	Phone Number with Area Code

Date of Birth (mm/dd/yyyy)	Gender ☐ M ☐ F	Email

Physician Name	Physician Phone Number with Area Code

2 **Health history**

Medication Allergies: ☐ None Known

☐ Amoxil/Ampicillin ☐ Erythromycin ☐ Sulfa
☐ Aspirin ☐ NSAIDs ☐ Tetracyclines
☐ Cephalosporins ☐ Penicillin ☐ Others: _____
☐ Codeine ☐ Quinolones

Health Conditions: ☐ None Known

☐ Arthritis ☐ Glaucoma ☐ Osteoporosis
☐ Asthma ☐ Heart Condition ☐ Thyroid Disease
☐ Cancer ☐ High Blood Pressure ☐ Others: _____
☐ Diabetes ☐ High Cholesterol

Over-the-counter/Herbal medications taken regularly:

3 **Pharmacy processing**

Generic substitution. FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless you or your physician indicate otherwise. Brand-name medications may be subject to a higher cost.
If you require brand-name medications, please list those medications here:

Keep on file. If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here:

Notes to Pharmacy:

4 **Payment and shipping information — do not send cash.**

Standard delivery is included at no charge. Most prescription orders arrive about 7 days from the date your completed order is received. If clarification of your order is required, delivery may take longer. If you would like overnight shipping, please indicate below. Please note that expedited shipping only affects shipping time, not the processing time of your order.

You may log on to **www.myuhc.com** to see if drug pricing information is available before enclosing payment.
Once shipped, medications may not be returned for a refund or adjustment.

☐ **Ship overnight.** Add $12.50 to order amount (subject to change).
☐ **Check enclosed.** All checks must be signed and made payable to: OptumRx.
☐ **Charge to my credit card on file.**
☐ **Charge to my NEW credit card.**

New Credit Card Number

Expiration Date (Month/Year)

			/				

Visa, MasterCard, AMEX and Discover are accepted.

Signature: **Date:**

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance, and other such expenses related to prescription orders. By supplying my credit card number, **I authorize OptumRx to maintain my credit card on file as payment method for any future charges**. To modify payment selection, Customer Service can be contacted at any time.

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Page 5 of 6

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New Prescription Fax Order Form

1 **Please fill out Section 1, then have your physician fill out Section 2 and FAX it to 1-800-491-7997.**
NOTE: THIS FAX IS VOID UNLESS RECEIVED DIRECTLY FROM YOUR PHYSICIAN'S OFFICE.

Primary Member ID Number	(Additional coverage, if applicable) Secondary Member ID Number	
Last Name	First Name	MI
Delivery Address		Apt. #

City	State	ZIP	Phone Number with Area Code

Date of Birth (mm/dd/yyyy)	Gender ☐ M ☐ F	Email

Medication Allergies: ☐ None Known

☐ Amoxil/Ampicillin   ☐ Erythromycin   ☐ Sulfa
☐ Aspirin   ☐ NSAIDs   ☐ Tetracyclines
☐ Cephalosporins   ☐ Penicillin   ☐ Others:
☐ Codeine   ☐ Quinolones   _____

Health Conditions: ☐ None Known

☐ Arthritis   ☐ Glaucoma   ☐ Osteoporosis
☐ Asthma   ☐ Heart Condition   ☐ Thyroid Disease
☐ Cancer   ☐ High Blood Pressure ☐ Others:
☐ Diabetes   ☐ High Cholesterol   _____

Over-the-counter/Herbal medications taken regularly:

Keep on file. Do not ship. If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here:

Notes to Pharmacy:

2 **PHYSICIAN —**
Please fill out Section 2,
or attach your office prescription to this form.
Then FAX to 1-800-491-7997

Physician-Only Phone:
1-800-791-7658

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If you have received this document in error, please immediately notify the sender, or OptumRx by phone or fax at the numbers listed above.

Patient Name	DOB

R͟x

Refills ☐ 1 ☐ 2 ☐ 3 ☐ Other: _____ Dispense as written ☐ Yes

Physician Name	Office Phone Number with Area Code	
Street Address	Fax Number with Area Code	
City, State, ZIP	NPI	DEA
Physician Signature	**Date**	