

Patient/doctor Information continued



First name

Grid for first name

Last name

Grid for last name

Birth date(MM/DD/YYYY)

Grid for birth date

Sex

Sex selection boxes (M/F)

Patient's relationship to member

Relationship selection boxes (Self/Spouse/Dependent/Domestic partner)

Doctor's last name

Grid for doctor's last name

1st initial Doctor's phone number

Grid for doctor's phone number

First name

Grid for first name

Last name

Grid for last name

Birth date(MM/DD/YYYY)

Grid for birth date

Sex

Sex selection boxes (M/F)

Patient's relationship to member

Relationship selection boxes (Self/Spouse/Dependent/Domestic partner)

Doctor's last name

Grid for doctor's last name

1st initial Doctor's phone number

Grid for doctor's phone number

Important reminders and other information

Check that your doctor has prescribed the maximum days' supply allowed by your plan, plus refills for up to 1 year, if appropriate (not a 30-day supply, plus refills).

Complete a patient/doctor section for each person with a prescription.

Be sure you have filled out the Health & Medication Questionnaire.

Unpaid balances

If your plan limits the balance that you can carry on your account and you exceed that limit with this order, payment must be included. To price a medication, visit us online at www.medco.com and click "Price a medication." To avoid processing delays, call Member Services to enroll in our e-check program or provide a credit card number in the "Complete your order" section on side 1.

Generic substitution

Texas, Florida and Ohio laws allow a generic equivalent drug to be substituted for certain brand-name drugs, unless you or your physician specifically directs otherwise. Ask your doctor or pharmacist whether safe, effective and less expensive generic drugs are right for you. Or, call

Medco at the number on your member ID card and ask to speak with a pharmacist. Pharmacists are available 24 hours a day, 7 days a week, to answer questions concerning your prescription.

If you live in Texas, you have a right to refuse generic substitution. In many cases, choosing a brand-name product will result in a higher co-payment. Check the box if you do not want a less expensive, generic version of your medication. Please note that this only applies to this prescription and future refills of this prescription.

If you have Medicare Part B coverage

Medco does not submit prescription drug claims to Medicare Part B. Check your Medicare Part B coverage to determine whether Medicare Part B covers your prescription(s) and whether it will cost you less to use a Medicare Part B participating pharmacy. For a list of Medicare Part B participating pharmacies, call your local Medicare carrier or call 1 800 MEDICARE (1 800 633-4227). For questions about your Medco-administered coverage, please call Member Services.

If you need additional information or assistance,

visit us online at www.medco.com or call Medco Member Services.

Mailing instructions

Using a business-size envelope, send the following items to the address shown on the right:

Do not use staples or paper clips.

- Your prescriptions or refill slips
Order form
Health, Allergy & Medication Questionnaire
Your payment
E-check enrollment form (optional)

Medco Health Solutions of Tampa 4
P.O. Box 30493
Tampa, FL 33630-3493

Group Number

Member Number

Section 3 : Medical Conditions

Please list names of each family member enrolled in the appropriate column. Then for each family member, fill in the circle next to each condition if a doctor ever said **that particular family member** has any of the following conditions.

	Member	Spouse/SSDP	Dependent	Dependent	Dependent
First name :					
Heart Failure (weak heart)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure (hypertension)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart attack or angina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol (hypercholesterolemia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic bronchitis or emphysema (COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergies, runny nose, hay fever (allergic rhinitis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood sugar (diabetes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thyroid disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peptic, stomach or duodenal ulcer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastric reflux, heartburn or esophagitis (GERD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inflammatory bowel disease (colitis, Crohn's disease)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High pressure in the eyes (glaucoma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor circulation in legs (peripheral vascular disease)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble with blood not clotting properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enlarged prostate (benign prostatic hyperplasia, BPH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Migraine headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Print other medical conditions Example : Glaucoma →					

For more information about Medco, please visit us online at www.medco.com.

Please complete both pages and staple together.

Please return the questionnaire with your Medco Delivery form or refill order form.

Thank you very much.

