

Patient/doctor information continued

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

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 information

Please be sure that you have included your doctor's signed prescription form and filled out the patient information on the front of the order form for each new prescription. 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 the Health, Allergy & Medication Questionnaire.

There may be a limit to the balance that you can carry on your account. If this order takes you over the limit, you must include payment. Avoid delays in processing by using e-checks or a credit card. (See Section 3 for details.)

Please make sure that you have either filled out the credit card section on the front of this order form or included a check or money order for the required co-payment. If you elect to have this and all future orders automatically charged to your credit card, bear in mind that the automated payment plan will apply to all mail orders.

Express Scripts will make all possible efforts, as appropriate by law, to substitute generic formulations of medication, unless you or your doctor specifically 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, log in to Express-Scripts.com or call Member Services at 1 800 903-8346. TTY/TDD users should call 1 800 759-1089.

Federal law prohibits the return of dispensed controlled substances.

If you have a question concerning eligibility or benefits, please contact MESSA at 1 800 336-0013. Place your prescription(s), this form, and your payment in the envelope provided. Do not use staples or paper clips.

HH8673B

EXPRESS SCRIPTS
PO BOX 66577
ST LOUIS MO 63166-6577



FOLD HERE

FOLD HERE