Optum

New home delivery prescription order form

1. Member and physician information — please use black or blue ink. One form per member.

Member ID number		
(Additional coverage, if applicable) Secondary member ID number		
Last name	First name	MI
Delivery address		Apt. #
City	State	Zip code
Phone number with area code		
Date of birth (mm/dd/yyyy)	Email address	
Physician name		
Physician phone number with area code		

2. Health history

Medication allergies:	☐ Aspirin	☐ Erythromycin	☐ Quinolones	☐ Others:_____
☐ None known	☐ Cephalosporins	☐ NSAIDs	☐ Sulfa	_____
☐ Amoxil/Ampicillin	☐ Codeine	☐ Penicillin	☐ Tetracyclines	_____
Health conditions::	☐ Asthma	☐ Glaucoma	☐ High cholesterol	☐ Others:_____
☐ None known	☐ Cancer	☐ Heart condition	☐ Osteoporosis	_____
☐ Arthritis	☐ Diabetes	☐ High blood pressure	☐ Thyroid disease	_____

Over-the-counter medications, vitamins and herbal supplements taken regularly:

3. Payment and shipping information — do not send cash

Standard delivery is included at no charge. Prescriptions should arrive within 5 business days after the pharmacy receives the complete order. The pharmacy will contact you if there will be an extended delay in delivering your medications.

Visit the website listed on your member ID card to check drug pricing before sending payment. Once shipped, medications may not be returned for a refund or adjustment.

☐ **Expedite shipping.** Add $20.00 to order amount (subject to change).

☐ **Check enclosed.** All checks must be signed and made payable to: Optum.

☐ **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 Optum to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

4. Mail this completed order form with your new prescription(s) to Optum, P.O. Box 2975, Mission, KS 66201. Do not staple or tape prescriptions to the order form.