

# Express Scripts Pharmacy<sup>®</sup>

## HOME DELIVERY FORM



### 1 Member information: Please verify or provide Member information below.

Member ID: \_\_\_\_\_

Group: **BCBSMRxI** \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Daytime phone:

Please send me e-mail notices about the status of the enclosed prescription(s) and online ordering at:

\_\_\_\_\_@\_\_\_\_\_.

New shipping 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.)

Evening phone:

### 2 Patient/doctor information: Complete **one section** for each person with a prescription. If a person has prescriptions from more than one doctor, complete a new section for each doctor (additional sections are on back). Send all prescriptions in the envelope provided.

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

### 3 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 on the front. You can enroll for e-check payments and price medications at our website via **bcbsm.com**, or call **1-800-778-0735**.

Number of prescriptions sent with this order:

FOLD HERE

FOLD HERE





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EXPRESS SCRIPTS  
PO BOX 66577  
ST. LOUIS, MO 63166-6577



Internal Information

CRP2005\_003225.1



Internal Information



Internal Information