

Get your medication delivered right to you.

Get 3-month supplies of your maintenance medications shipped right to you from OptumRx®, our plan's home delivery pharmacy.

A 3-month supply means:

- You can take fewer trips to the pharmacy.
- You're less likely to miss a dose since you will have an extra supply on hand.

With home delivery, you also get:

- Free standard shipping.
- Access to a pharmacist by phone any time day or night.

How to enroll:



ePrescribe.

Your doctor can send an electronic prescription to OptumRx.



Online.

Register or sign in at **myuhc.com®** or download the Health4Me® app.



Phone.

Call the number on your health plan ID card, 24 hours a day, 7 days a week.



Mail.

Complete and mail the attached form with your prescription to OptumRx.

How it works:

- Order a three-month supply of your maintenance medication—the ones you take regularly.
- OptumRx fills your order and mails it to you.
- Your medication arrives within 4 to 7 days of placing your order.





NEW PRESCRIPTION MAIL-IN ORDER FORM

1 Member and physician information — please use black or blue ink. One form per member.						
Member ID Number						
(Additional coverage, if applicable) S	Secondary Mem	ber ID Number	•			
Last Name		First Name			MI	
Delivery Address						Apt. #
City		State ZIP		ZIP		
Phone Number with Area Code						
Date of Birth (mm/dd/yyyy) Gender O M C		Email F				
Physician Name						
Physician Phone Number with Area	Code					
2 Health history				1		
Medication Allergies: O Aspirin O None known O Cephalos O Amoxil/Ampicillin O Codeine	sporins O NS	ythromycin SAIDs micillin	O Quin O Sulfa O Tetra	l	O Others:	
Health Conditions: O None known O Arthritis O Diabetes	O He	aucoma eart condition gh blood pressur	O Oste	cholesterol oporosis oid Disease	O Others:	
Over-the-counter/herbal medications taken regularly:						
Payment and shipping information — do not send cash						
Standard delivery is included at no chorder is received. Completed refill ordextended delay in delivering your me	ders should arriv					
You may log on to optumrx.com to may not be returned for a refund or		ing information	ı is available b	efore enclos	ing payment. On	ce shipped, medications
Ship overnight. Add \$12.50 to order amount (subject to change).		New Credit Card Number			7	
○ Check enclosed. All checks must be signed and made payable to: OptumRx.					Visa Ma	sterCard, AMEX
○ Charge to my credit card on file.○ Charge to my NEW credit card.		Expiration Date (Month/Year)				over are accepted.
	ii_i	Date:				
For new prescription orders and mair related to prescription orders. By sup payment method for any future of	plying my credit	card number, I	authorize O	ptumRx to	insurance and ot maintain my cr	edit card on file as

Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 2975, Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

