Medco By Mail Order Form
Benefits provided by the Community College of Philadelphia

For New Prescriptions
Fill out one line of the Patient Information section for each new prescription you send. Be sure to include the patient’s full name, date of birth, and address, along with the doctor’s name and phone number.

For Refills
To order from our website: www.medco.com. Have your member ID number and prescription (Rx) number on hand. You can find your member ID below, and your 12-digit prescription or Rx number can be found on your refill slip.

To order by phone: Call 1 800 4REFILL (1 800 473-3455) to use the automated refill system. Have your member ID number and refill slip with the prescription information ready.

Member Information

Member ID:
Group:

Daytime telephone

Evening telephone

Patient Information—Complete one line for each new prescription (Do not complete for refills)

<table>
<thead>
<tr>
<th>Patient name</th>
<th>Patient’s relation to plan member (fill in one)</th>
<th>Sex</th>
<th>Birth date</th>
<th>Doctor name and phone number</th>
<th>Does patient have any other prescription plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Self, Spouse, Dependent</td>
<td>M</td>
<td>/</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>Self, Spouse, Dependent</td>
<td>M</td>
<td>/</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Self, Spouse, Dependent</td>
<td>M</td>
<td>/</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Order Information

Total number of medications in this order (including all refills and new medications)

Subtotal of this order

Optional expedited shipping $9.00 (subject to change)

Total enclosed (do not send cash)

Please be sure address is visible through window of envelope marked "Medco By Mail Order Center"

To order by mail: Include your refill slip(s) with this form. Do not complete the Patient Information section for refills.

For All Mail Orders
Place all prescriptions and refill slips together with this completed order form and your co-payment in the enclosed return envelope. Be sure to fold the form as indicated so the address on the bottom right shows through the window.

If You Need Additional Help
Call Member Services at 1 800 711-0917. The best time to call is in the afternoon, Tuesday through Friday.
See the back of this form for additional instructions.

-member information-

-medicine information-

-check if temporary permanent-

-member information-

-patient information-

-order information-

-paying by credit card?

-Paying by check? Write your member ID number on your check or money order made payable to Medco Health Solutions, Inc.

-MEDCO
PO BOX 30493
TAMPA FL 33630-33493
Please take a minute to make sure ...

• 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.
• 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.
• You have written your member ID number on any check or money order.
• The Medco address on the front shows through the window of the envelope marked “Medco By Mail Order Center.”
• You have filled out the Health, Allergy & Medication Questionnaire. This information will help Medco better serve your prescription drug needs.

Expedited shipping available
For an additional fee, your order will be shipped by an expedited service offered in your area. This option must be chosen when you make the order, and it cannot be applied after an order has already been processed.

Additional instructions
If you elect to have this and all future orders automatically charged to your credit card (by checking the box on the front or enrolling by phone), bear in mind that the automated payment plan feature will apply to all mail orders. Also note that we can only keep one credit card on record.

You may have a balance limit on your plan account. If so, once your unpaid balance exceeds that limit, no additional orders will be processed until the balance has been paid.

You can call 1 800 948-8779 anytime to enroll in our automated payment plan, change the credit card on file, check your account balance, or pay by phone using a credit card.

Get more information from our website

To all Medicare beneficiaries whose employer has elected to be billed primary for Medicare Part B coverage:

By choosing the Medco mail-order pharmacy to fill your prescription, you are choosing to use the prescription drug coverage provided by your employer. Medco will process your prescription under your employer’s coverage, independent of the Medicare program, and no claim will be submitted to Medicare. If you believe that Medicare may also provide coverage and would like Medicare to pay for your prescription, you should go to a Medicare-participating pharmacy in your area. For a list of convenient Medicare-participating pharmacies, please call your local Medicare carrier or 1 800 MEDICARE. If you have any questions about the difference in coverage between your employer’s coverage and Medicare, please call 1 800 711-0917.

Florida law requires pharmacists to substitute a less expensive, generically equivalent drug for certain brand-name drugs unless you or your physician directs otherwise.