



**Home Delivery Order Options**

Ask your doctor to write your prescription for up to a 90-day supply or the maximum days allowed by your plan with refills up to one year, if appropriate.

**ePrescribe:** For fastest service ask your doctor to submit prescriptions electronically to the Express Scripts Pharmacy<sup>SM</sup>.

**Online/Mobile App:** Log in to myCigna.com or the myCigna® mobile app to refill your medications. You'll be automatically directed to Express Scripts Pharmacy website where you can choose the medication you want delivered, add it to your cart, then check out.

**Fax:** Have your doctor call 888.327.9791 for faxing instructions. (Faxes can only be accepted from a doctor's office.)

**Phone:** Call 800.835.3784 for assistance in switching to home delivery.

**Mail:** Complete the order form and send to Express Scripts Pharmacy along with prescriptions and payment.

**Please use ALL CAPITAL LETTERS with black or blue ink. Fill in the ovals as shown. ( ● )**

<b>1 Member Information</b>		
Member ID Number	Group #	
Member Last Name	Member First Name	
<input type="radio"/> Please send email notices regarding this order's status	Email address	
<b>To go paperless, go to Pharmacy section of myCigna.com and update your Communication Preference under Account.</b>		
<b>2 Shipping Address</b>		
<input type="radio"/> Permanent	<input type="radio"/> Temporary	If temporary address, please provide effective dates From ___/___/___ To ___/___/___
Shipping Address Line 1 (Street address is preferred over PO Box)		Apt#
Shipping Address Line 2		
City	State	Zip
Primary Phone Number ( )	Circle One M H W	Secondary Phone Number ( ) Circle One M H W
<b>Shipping Method</b> (Expedited shipping will <b>not</b> rush prescription processing)		
<input type="radio"/> Standard	Free	Arrives within 5-10 days after order is shipped
<input type="radio"/> Two Day	\$12.00	Arrives 2 business days after order is shipped
<input type="radio"/> One Day	\$21.00	Arrives 1 business day after order is shipped
<b>3 Patient Information</b> Please only include prescriptions for patients covered under the above Member ID		
<b>Patient #1</b>		
Patient Last Name	Patient First Name	
Patient DOB	Gender <input type="radio"/> Male <input type="radio"/> Female	
Physician Name	Physician Phone ( )	
<b>Patient #2</b>		
Patient Last Name	Patient First Name	
Patient DOB	Gender <input type="radio"/> Male <input type="radio"/> Female	
Physician Name	Physician Phone ( )	

<b>4</b>	<b>Payment Method</b>	<b>Do not send cash</b>
<p>You authorize us to retain on file your payment card details that you used to make this purchase and to charge your payment card account to pay for any prescription orders requested by you. Should you also choose to enroll in the auto-pay program, you further consent that we may charge your enrolled payment method for prescription orders made by covered members, including previously ordered prescriptions which are unpaid.</p> <ul style="list-style-type: none"> <li>We will notify you of any changes to this authorization by email or mail as applicable. This Card on File Authorization, and if applicable auto-pay enrollment, will remain in effect until you cancel the authorization by logging into your account or calling the 1-800 number on your Cigna ID card. The transaction amount is determined by your plan's benefit structure at the time the prescription is shipped.</li> <li>State law prohibits the return of prescription medications for resale or reuse. We cannot accept the return of properly dispensed prescription medications for credit or refund.</li> <li>See our privacy policy for information regarding our use and disclosure of personally identifiable information.</li> </ul>		
Signature X _____		
<b>Credit Card:</b> We accept VISA, MC, Discover, AMEX, Diners		<b>Check or Checking Account</b>
<input type="radio"/> <b>Automatic, ongoing payment through credit card</b> Authorize to pay for this order and all future orders with the credit card below.  <input type="radio"/> <b>For this order only.</b> Simply fill in your credit card information below.  Credit Card Number _____  Exp Date _____		<input type="radio"/> <b>Automatic, ongoing payment through checking account</b> I authorize to pay for this order and all future orders with the checking account information below or include a voided check.  <input type="radio"/> <b>For this order only.</b> Enclose a check payable to Express Scripts Pharmacy. Write invoice number on the check.  Name of checking account holder _____  Checking Account Number _____  Routing Number (first 9 digits lower-left corner of personal check) _____
<p><b>Visit myCigna.com to access the Express Scripts Pharmacy website for account balances and to make payments. To change the limit of the amount we can charge your card without a call to you:</b></p> <ul style="list-style-type: none"> <li>Go to the Pharmacy section of myCigna.com.</li> <li>Select Payment Methods under Account then Edit Information.</li> <li>Change the payment authorization limit</li> </ul> <p>You can manage account preferences on the Express Scripts Pharmacy website, accessed through MyCigna.com or call 800.835.3784.</p>		
<b>5</b>	<b>Health History</b>	
<p>To update your allergies or health conditions: Visit the Express Scripts Pharmacy website by logging into the Pharmacy section of myCigna.com or call 877.438.4417. This information helps us protect you against potentially harmful drug interactions and allergies.</p>		
<b>6</b>	<b>Important reminders and other information</b>	
<p><b>If you are a Medicare Part B beneficiary AND have private health insurance</b>, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at the toll-free number found on your ID card. To verify Medicare Part B prescription coverage, call Medicare at 1.800.633.4227.</p> <p><b>For additional information or help</b>, visit us at myCigna.com or call us at the toll-free number found on your ID card. TTY/TDD dial 711 and follow the prompts.</p> <p>Prescriptions may be processed by: Cigna Home Delivery Pharmacy (Tel-Drug, Inc. or Tel-Drug of Pennsylvania, LLC), Express Scripts Pharmacy (ESI Mail Pharmacy Service, Inc., Express Scripts Pharmacy, Inc. or MAH Pharmacy LLC.), Accredo (Accredo Health Group, Inc.) or Freedom Fertility Pharmacy (Lynnfield Drug, Inc.).</p>		
<b>7</b>	<b>Generic Substitution</b>	
<p><b>State law permits a pharmacist to substitute a less expensive generic equivalent drug</b> for a brand-name drug unless you or your physician directs otherwise. Please note that this applies to new prescriptions and to any future refills of that prescription. Also be aware that you may pay more for a brand-name drug.</p> <p><input type="radio"/> I do not wish to receive a less expensive brand or generic medication. If the prescription is being submitted electronically, discuss with your doctor.</p>		

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Place your prescription(s), order form(s)  
and your payment in an envelope.  
Do not use staples or paper clips.  
Do not affix post it notes to form.

**EXPRESS SCRIPTS PHARMACY**  
**PO BOX 66301**  
**ST LOUIS, MO 63166-6301**