# Prescription Order Form

PRIME THERAPEUTICS®

**Mail this form to:**
PrimeMail®
PO Box 650041
Dallas, TX 75265-0041

**For faster service:**
Ask your doctor to send your prescriptions electronically.

Order refills from **www.MyPrime.com**
or call 877.357.7463
TTY 711

## CARDHOLDER INFORMATION

Member ID Number

Date of Birth (mm/dd/yyy) ☐☐ / ☐☐ / ☐☐☐☐

Last Name

First Name

MI

## PATIENT INFORMATION

Last Name

First Name

MI

Gender: ○ Male ○ Female

Date of Birth (mm/dd/yyy) ☐☐ / ☐☐ / ☐☐☐☐

Phone Number ☐☐☐-☐☐☐-☐☐☐☐

Permanent Address

City

State

ZIP Code

Email Address

Contact by: ○ Email ○ Phone

## DRUG ALLERGIES

○ None ○ Codeine ○ Sulfa
○ Aspirin ○ Erythromycin ○ Penicillin
○ Other _____

## HEALTH CONDITIONS

○ Arthritis ○ Diabetes ○ Glaucoma ○ High cholesterol
○ Asthma ○ Depression ○ Heart condition ○ Hypertension
○ Other _____

Other Drugs, Vitamins or Supplements*:

_____ _____ _____

*To help avoid potential drug interactions, please list all the drugs and supplements you take.

## DIRECTIONS

- Mail the original, doctor-signed prescriptions with this form.
- If you are also sending in an order for a family member, please complete a separate form (one form/person).
- If you are ordering more than three drugs, please attach a list of the other drug names. (If a different doctor prescribed these drugs, be sure to include his or her contact information.)
- Sometimes PrimeMail needs more information before we can fill your order. If your order could be delayed, we will call or email to give you a new delivery date.

## PRESCRIPTION ORDER

| Drug Name | Doctor's Name | Phone Number |
|---|---|---|
| | | |
| | | |
| | | |

Total Number of Prescriptions: _____

CONTINUED ON BACK

## SHIPPING INFORMATION

○ Regular: No charge ○ Second business day: $15* ○ Next business day: $22*

Most shipments will arrive about one week after you send in the order. You may track your order's status by logging on to **MyPrime.com**. Sometimes PrimeMail needs more information from your doctor before we can fill your order. If your order could be delayed, we will call or email to give you a new delivery date.

*Please note: the shipping costs shown are estimates; the actual amounts may be different. Overnight and second-day deliveries can only be shipped to a street address (no P.O. Boxes).

Other Shipping Address (if different than permanent address)

City State ZIP Code Phone Number

○ This is a change of address ○ This is a one-time address ○ Seasonal address from _____ to _____

## PAYMENT INFORMATION

Payment is due with each order. (Orders received without payment may be delayed.)

You may pay by credit card, check or money order. (There is a $20 charge for checks returned due to insufficient funds.)

**Check or money order** ○ Check ○ Money Order

Please make check or money order payable to Prime Therapeutics. Write your member ID number on the memo line. Do not send cash.

**Credit card information**

You may pay with a Discover, MasterCard, VISA or American Express credit card. All your orders will be charged to this card until you change your payment information (which you can do at any time).

Credit Card Number Expiration Date

○ Use credit card on file, with the last 4 digits of:

Signature _____ Date _____

In some states, pharmacy law allows an FDA-approved generic equivalent drug to replace a brand-name drug. You or your doctor may say you will only accept the brand name drug. Just be aware that you may also have to pay any difference in cost.

Sending this form to PrimeMail also means you agree to allow information to be shared with your health care plan and its agents. Prime's treatment of Protected Health Information (PHI) follows the federal privacy regulations established by HIPAA (Health Insurance Portability and Accountability Act of 1996). PrimeMail may contact your doctor to ask for more information or to share a safety concern. As a result, your doctor may decide to prescribe a different product that works just as well.

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