RETURN ADDRESS

PRESCRIPTION SOLUTIONS
PO BOX 2975
SHAWNEE MISSION KS 66201-1375

POSTAGE REQUIRED: Post Office will not deliver without proper postage.

4 Payment and Shipping Information — do not send cash.

Standard delivery is at no charge. Most orders arrive about 7 days from the date your completed order is received. If clarification of your order is required, delivery may take longer. If you would like overnight shipping, please indicate below. Please note that expedited shipping only affects shipping time, not the processing time of your order.

- ☐ **Ship overnight.** Add $12.50 to order amount (subject to change).
- ☐ **Check enclosed.** All checks must be signed and made payable to Prescription Solutions.
- ☐ **Charge to my credit card on file.**
- ☐ **Charge to my NEW credit card.**

New Credit Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiration Date (Month/Year) ☐☐ / ☐☐☐☐

Signature: Date:

This credit card will be billed for applicable medications, overnight shipping and outstanding balances. I authorize Prescription Solutions to maintain my credit card on file as payment method for any future charges or outstanding balances. To modify payment selection, please contact Customer Service.

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Detach and fold at the dotted lines.
Mail with the original prescription(s) to Prescription Solutions using the attached envelope.

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UHEX3209916_000

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PrescriptionSolutions®

P.O. Box 2975, Shawnee Mission, KS 66201-1375
1.800.562.6223
www.PrescriptionSolutions.com

Frequently Asked Questions

1. Can mail service help me save money compared to a retail pharmacy?

Yes, most plans entitle members to a discounted copay when they order their medications through mail service.

2. Does Prescription Solutions have other ways to help me keep costs down?

Yes. One way is by recommending less expensive alternatives to brand-name medications whenever appropriate.

3. Can Prescription Solutions ship medications that need refrigeration?

Yes. We ship perishable medications overnight at no charge in a temperature-controlled package.

4. Is it safe to send medications through the mail?

Yes, all medications are sealed and shipped in a discreet, tamper-evident package, ensuring that your order arrives safely.

Questions?

Our Customer Service Advocates and licensed Pharmacists are available at **1.800.562.6223**, 24 hours a day, 7 days a week, to assist you with any questions or concerns. You can also visit our website at www.PrescriptionSolutions.com.

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PrescriptionSolutions®
A UnitedHealth Group Company

Enjoy the Many Benefits of Your Mail Service Pharmacy

Prescription Solutions can deliver 90-day supplies of your medications right to your mailbox, often for less than you would pay at a retail pharmacy.

Here's how our process works:

1 When your order arrives, it enters our automated system. A licensed pharmacist reviews your order for drug interactions, allergies and dosage.

2 After your medication is dispensed, another pharmacist reviews it a final time to ensure accuracy.

3 Your medication is sealed in a discreet, tamper-evident package. We then mail it directly to you and let you know when it has been shipped.

4 New orders should arrive approximately 7 days after your completed order is received, unless we need additional information from your prescribing physician.

5 We'll notify you when it is time to refill your prescription. You can reorder by mail, phone or online at www.PrescriptionSolutions.com.

Start Home Delivery in Two Easy Steps

Step 1

Tell your physician you would like to start mail service.

Once you and your physician are confident you will continue taking a medication on an ongoing basis, your physician will write you a prescription for a 90-day supply, plus 3 refills.

Step 2

Contact Prescription Solutions.

You can mail the order form

Include the original prescription(s). Write the member ID and date of birth on each prescription and mail with the completed order form(s). Please fill out one order form per member.

Or you can call

1.800.562.6223 (TTY 711)

Prescription Solutions is available 24 hours a day, 7 days a week. Please have your medication name and physician's telephone number ready when you call.

PrescriptionSolutions®

New Prescription Mail-In Form

1 Use black or blue ink and fill out an order form for each member. Please write the member ID and date of birth on each original prescription and mail with the completed order form(s). DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

Member ID:	Plan Name:	
Last Name	First Name	MI
Delivery Address		Apt. #
City	State / ZIP / Phone Number ( )	
Date of Birth (mm/dd/yyyy) / /	Gender ☐ M ☐ F	Email

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2 Health History — please check all that apply.

If you are a new customer or your allergies or health conditions have changed, please indicate all that apply. The information you provide will allow a more complete review of your current medication request.

Medication Allergies:

- ☐ None
- ☐ Amoxicillin/Ampicillin
- ☐ Aspirin
- ☐ Cephalosporins (e.g. Cephalexin)
- ☐ Codeine
- ☐ Erythromycin
- ☐ NSAIDs (e.g. Ibuprofen)
- ☐ Penicillin
- ☐ Quinolones (e.g. Ciprofloxacin)
- ☐ Sulfa Medications
- ☐ Tetracyclines
- ☐ Other (please specify) _____

Health Conditions:

- ☐ None
- ☐ Allergies — Seasonal
- ☐ Arthritis
- ☐ Asthma
- ☐ Cancer
- ☐ Diabetes
- ☐ Glaucoma
- ☐ Heart Condition
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Thyroid Disease
- ☐ Other (please specify) _____

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Please list any over-the-counter or herbal medications you take regularly:

3 Generic Substitution

FDA-approved generic equivalents will be dispensed for brand-name medications whenever possible, unless you or your physician indicate otherwise. If you require brand-name medications, please list those medications in the Notes to Pharmacy section below with a brand-name only notation. Note: brand-name medications may be subject to a higher cost.

Notes to Pharmacy:

Please complete order information on back side.