



**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 Subscriber number on any check or money order.**
- **You have filled out the Health, Allergy, and Medication Questionnaire. This information will help Medco better serve your prescription medication needs.**
- **Your prescription is written for a 90-day supply with refills.**

**Medication delivery**

Your medication will be delivered to you within 7 to 11 days after you mail your order.

**Expedited shipping available**

For an additional fee, your order will be shipped by an expedited service offered to your area. This option must be chosen when you make the order, and cannot be applied after an order is already 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 order pharmacy orders. Also note that we can only keep one credit card on record.

You may have a balance limit on your plan account. If you do, once your unpaid balance exceeds that limit, no additional orders will be processed until the balance is 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.

Ohio Law allows a less expensive, generically equivalent medication to be substituted for certain brand-name medications unless you or your doctor direct otherwise.

**Get more information from our Web site**

Visit us at [www.oxfordhealth.com](http://www.oxfordhealth.com).

**To all Medicare Beneficiaries whose private health plan has elected to be billed primary for Medicare Part B covered medications:**

By choosing to use Medco's mail order pharmacy to fill your prescription, you are choosing to use the prescription medication coverage provided by your group health plan. Medco will process your prescription under your group health plan 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 group health plan coverage and Medicare, please call the number on your ID card.

