



## The Local Choice Benefits Program Medco Materials Order Form

**April 2008**

**Please destroy all prior forms**

<b>Pharmacy Materials</b> (All forms can also be downloaded from TLC Website)		<b>Quantity</b>
HD903409	Home Delivery Order Form	
E704	Home Delivery Order Form Envelope	
C1001	Reimbursement Claim Form	
C3001	COB Claim Form	
BI47521M	TLC Prescription Drug Brochure	
MG917488	TLC Three-Tier Drug Program Guide	

**PLEASE PRINT OR TYPE**

**DATE** \_\_\_\_\_

Group Number \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Group Name \_\_\_\_\_

Shipping Address (Do Not Use P.O. Box – Orders cannot be delivered to a PO Box address)  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_, VA ZIP \_\_\_\_\_

Send Order Form to:

Email: Charles\_Clemmer@medco.com

or

Fax to: (252) 228-0080

Materials will be shipped within 48 hours

For Questions About Your Order, call (252) 228-0007

Most items, including this order form, are available on the Web at:

[www.thelocalchoice.virginia.gov](http://www.thelocalchoice.virginia.gov)