



Important information about your order and medication(s)

- Your prescription may be processed within our family of mail-order pharmacies.
- Use your mobile device to get Express Scripts on-the-go. Visit m.Express-Scripts.com to order refills, check order status and more.

Make sure to read the enclosed information about your prescriptions before you take your medicine. If you have questions, you may contact one of our registered pharmacists, 24 hours a day, 7 days a week, at 800.355.8279. Call your doctor for medical advice about side effects. You may report side effects to the Food and Drug Administration (FDA) at 800.FDA.1088.

No olvide leer la informacion incluida acerca de sus medicinas recetadas antes de tomarlas. Si tiene alguna pregunta, puede ponerse en contacto con uno de nuestros farmaceuticos licenciados, las 24 horas del dia, los 7 dias de la semana, al 800.355.8279. Llame a su medico para orientacion medica acerca de los efectos secundarios. Usted puede informar los efectos secundarios a la Administracion Federal de Alimentos y Drogas al 800.FDA.1088.

Other important information

- **To update your allergies or health conditions:** Visit us at **your health plan provider's website** or call 800.355.8279. This helps us protect you against potentially harmful drug interactions and allergies.
- **Payment is due upon receipt:** Do not send cash. A service charge of \$ 15 may be added for insufficient funds. Note: When you provide a check or other form of payment, you authorize us either to use information from your payment to make a one-time electronic fund transfer (ACH debit) in the amount of your payment, or to process the payment as a check transaction. Your check or other form of payment will not be returned to you. Your bank account may be debited as early as the same day we receive your payment.
- **Medication return policy:** State law prohibits the return of prescription medications for resale or reuse. Express Scripts cannot accept the return of properly-dispensed prescription medications for credit or refund.
- **Prescription quantity:** Your prescription quantity may be increased to the maximum supply allowed through home delivery (usually 90 days) as your plan and/or state regulations allow. Please contact us with any concerns.
- **Safe disposal of your medications:** For instructions on the proper disposal of unwanted or unused medications, please refer to the FDA website at: www.fda.gov/forconsumers/consumerupdates/ucm101653.htm .
- **Controlled substance monitoring:** This pharmacy reports prescriptions for controlled substances to prescription monitoring programs as required by state law. This information may be requested by specific individuals from state Prescription Drug Monitoring Programs for a limited number of purposes as authorized by state law.
- **Medication shipping guidelines:** Under certain circumstances, a medication's effectiveness may be affected by extremes of heat, cold, or humidity. We follow FDA and manufacturer recommendations for the shipment of prescription medications so that the drug products delivered to you are protected.
- **For patients who are non-English speaking, translation services are provided. For more information, call the toll free 800 number on your prescription drug label.**

Express Scripts is your provider of home delivery pharmacy services.

N/



Invoice

Review your order.



EXPRESS SCRIPTS®

Invoice number: 12-34567891012
Order number: 00012345678900
Plan member: DONNA DOE
Order process date: 08/12/2015



your health plan provider's website
First-time visitors please register. Have your member ID number handy.



800.355.8279
24/7 access to pharmacists who are ready to help you with your medications.



You may notice a change to the look of your prescription bottle and the packaging it comes in. The packaging may look different because it may be coming from one of our other home delivery pharmacies.

Medication information

DONNA DOE
L-THYROXINE TABS
Strength: 137MCG Qty: 90
Rx# 12345678 NDC # 00378-1823-01

What you need to do next

0 refills remain. We will ask your doctor for a new prescription. Once received, future refills will ship automatically through **Worry-Free Fills®**, our automatic refill service.[†]

You pay

\$ 10.00

[†] If your prescription or shipping address changes, or you need to reschedule or cancel the order, contact us immediately at **your health plan provider's website** or 800.355.8279.

Your payment summary information

Cost for this package	\$ 10.00
Shipping cost	FREE
Payment(s)/adjustment(s) applied	\$ - 10.00
Total amount due (upon receipt)	\$ 0.00

Payment notes

- Amount charged to your debit or credit card: \$ **10.00**.





EXPRESS SCRIPTS®

9152



Home Delivery Order Form

Use this form to order a new prescription through home delivery. Fill in ovals (●) completely.

Group Number: PD1-WVEA

Cardholder: DONNA DOE

Invoice Number: 12-3456789012

1) For new prescriptions: Use one section for each patient. List all doctors who wrote a new prescription for that patient. Enclose your paper prescription(s) with this form.

1st Patient

Patient first name _____ MI _____

Patient last name _____

Patient birth date (MM/DD/YYYY) _____ Sex M F

Relation to cardholder Self Spouse Dependent

1) Doctor's full name _____

Doctor's phone number _____ - _____ - _____

2) Doctor's full name _____

Doctor's phone number _____ - _____ - _____

2nd Patient

Patient first name _____ MI _____

Patient last name _____

Patient birth date (MM/DD/YYYY) _____ Sex M F

Relation to cardholder Self Spouse Dependent

1) Doctor's full name _____

Doctor's phone number _____ - _____ - _____

2) Doctor's full name _____

Doctor's phone number _____ - _____ - _____

2) Your order will ship to:

12 Main Street USA
Anytown, ST 12345
276.456.7890

If your address or telephone number has changed, print your new information in space below:

Temporary (provide dates) Starting: ____/____/____ Ending: ____/____/____
 Permanent (MM/DD/YYYY) (MM/DD/YYYY)

This address change affects:

All Family Members _____
 Primary Cardholder Only _____
 Other Individual(s) _____

Expedite the shipment of this order. Your order, once received and filled, will be shipped overnight for \$21, subject to change.

3) Review your order options.

Send my order status by e-mail. Provide your e-mail. _____

Cardholder Spouse I want a copy of my bottle-label instructions in large print (displays on a separate sheet of paper).

State law permits a pharmacist to substitute a less expensive generic equivalent drug for a brand-name drug unless you or your physician directs otherwise. Please note that this applies to a new prescription and to any future refills of that prescription. Also be aware that you may pay more for a brand-name drug. I do not wish to receive a less expensive brand or generic drug "product."

4) See payment information on back.

▼ FOLD HERE ▼

▼ FOLD HERE ▼

Mail this form in the white envelope:

- Fold form at the dotted line. See ▼ FOLD HERE ▼.
- Address to the right must show through the envelope window. ►
- Include any payment, new prescription(s), or refill slip(s).
- Don't send correspondence in the enclosed white envelope. Send your correspondence in writing to:
Express Scripts, PO Box 6530, Cincinnati, OH 45201-6530

**EXPRESS SCRIPTS
PO BOX 66558
ST LOUIS MO 63166-6558**



▼ FOLD HERE ▼

▼ FOLD HERE ▼

Your payment information

**This order will be charged to the debit or credit card that we have on file.
We can only keep one card on file.**

To update your card information:

- You can call 800.355.8279.

Please make any updates before returning this form to us. You can also pay for this order by check or money order. Make it payable to Express Scripts and include your invoice number on the front.

Please note: If an unpaid balance exists on this account, additional orders may not be processed until the balance has been paid.