## medco\*

# Pay for medications with e-check. It's easy, convenient, and secure!

Medco now offers e-check to easily and conveniently pay for medications.

With e-check, one of the most secure payment methods available today, the co-payment or coinsurance is automatically deducted from your checking account. And you have a 10-day grace period between the time we send the order and the day the amount is deducted from your checking account.\*

To enroll and authorize Medco, just complete the form on the back and return it with your next order!

### Authorization

I authorize Medco to initiate a debit entry to the checking account provided on the back of this form. This authorization permits Medco to charge unpaid balances and future orders made by all covered dependents to my account, based on my authorization provided by mail, phone, or web. On future orders, Medco will include the amount to be charged to my checking account with the order. I acknowledge that the origination of ACH transactions to the account must comply with the provisions of U.S. law. This authorization will remain in effect until I have canceled it.

# E-CHECK ENROLLMENT FORM

3000£

bank routing number and account number on the front of your personal checks. The routing number is the 9-digit number located in the lower left-hand corner. Your account number is the number immediately to the right of the routing number. For more information, or to enroll online, visit www.medco.com. To pay for medications by e-check, please complete the information below. You'll find your

Member name:

INALLIC OF DATIN ACCOUNT HOUSE	C. 101011:
Address of bank account holder.	ınt holder:
Bank account number:	
Bank routing number:	
Medco invoice number:	r: Signature

<sup>\*</sup>Please note that if there are insufficient funds at the time Medco submits the funds transfer request, Medco will charge a \$10 fee. Your bank also may charge a nonsufficient funds fee.

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# MEDCO BY MAIL ORDER FORM



1 Member Information Please verify or provide	member information below.	
Member ID:	☐ Please send me e-mail notices about the status of the enclosed prescription(s) and online ordering at:	
Group:	@	
Name:	□ New Shipping Address	
Street Address:		
Street Address:	<del></del>	
Street Address:		
City,ST,ZIP:	(Medco will keep this address on file for all orders from this membership until another shipping address is provided by any person in this membership.)	
Daytime phone:	Evening phone:	
he/she has more than one prescription from the same of prescriptions in the envelope provided. If a person has section for each doctor and include all prescriptions. Ad	orescriptions from more than one doctor, complete a new ditional patient/doctor space is provided on the next page.	
First name Last ı	name	
Birth date(MM/DD/YYYY) Sex Patient	t's relationship to member □ □Spouse □Dependent □Domestic partner	
Doctor's last name	1st initial Doctor's phone number	
First name Last r	name	
Birth date(MM/DD/YYYY) Sex Patient  ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	t's relationship to member □ □Spouse □Dependent □Domestic partner	
Doctor's last name	1st initial Doctor's phone number	
Complete your order You can pay by e-check, check, money order for credit card. Make checks, and money orders payable to Medco Health Solutions, Inc., and write your member ID number on the front. To enroll for e-check payments, complete and return the e-check form (fifth page printed) with your order.		
Number of prescriptions sent with this order:		
Payment options: □e-check □Payment enclosed □Credit card □Send bill		
For credit card payments:  □Visa □MC □Discover □AmEx □Diners  Expiration date  □ □ □ X  M M Y Y Cardholder signature	Credit card number  I authorize Medco to charge this card for all orders from any person in this membership.	

□Rush this shipment (\$15, subject to change). **Note:** This will **not** rush prescription processing. (Street address required; P.O. box not allowed.)

Patient/doctor Information continued	
First name Last name	э
	lationship to member Spouse  □Dependent  □Domestic partner
Doctor's last name	1st initial Doctor's phone number
First name Last name	<del>)</del>
	elationship to member ISpouse  □Dependent  □Domestic partner
Doctor's last name	1st initial Doctor's phone number
Important reminders and other information	
Check that your doctor has prescribed the maximum days' supply allowed by your plan, plus refills for up to 1 year, if appropriate (not a 30-day supply, plus refills). Also, ask your doctor or pharmacist about safe, effective and less expensive generic drugs.	Medco will make all possible efforts, as appropriate by law, to substitue generic formulations of medication, unless you or you doctor specifically directs otherwise.   □ Pennsylvania and Texas laws permits
Complete the health, Allergy and Medication Questionaire.	pharmacists to submit a less expensive genericallequivalent drug for a brand-name drug unless you
There may be a limit to the balance that you can carry on your account. If this order takes you over the limit, you must include payment. Avoid delays in processing by using e-checks or a credit-card. (See section 3 for details.)	or your doctor directs otherwise. Check the box if you do not wish a less expensive brand or generic drug "product." Please note that this applies only to new prescriptions and to any refills of that prescription.
If you are a Medicare Part B beneficiary AND have private health insurance, check your prescription drug benefit materials to determine the best way to get Medicare part B drugs and supplies. To verify Medicare Part B prescription coverage, call Medicare at 1 800 MEDICARE (1 800 633-4227).	For additional information or help, visit us at www.medco.com or call the number on your member ID card. TTY/TTD user should call 1 800 759-1089.

**Mailing instructions** 

Using a business-size envelope, send the following items to the address shown on the right:

Do not use staples or paper

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clips.

• Your prescriptions or refill slips

- Order form
   Health, Allergy & Medication
   Questionnaire
- Your payment
- E-check enrollment form (optional)

Medco Health Solutions of Dallas P.O. Box 650022 Dallas, TX 75265-0022