

Merck-Medco Home Delivery Pharmacy Service™ Order Form



Benefits Provided by Oxford Health Plans

For Refills

To order from our website: www.merckmedco.com. Have your Oxford Rx Member ID number and Prescription (Rx) number on hand. Your 12-digit Prescription or Rx number can be found on your refill slip.

To order by phone: Call 1 800 4REFILL (1 800 473-3455) to use the automated refill system. Have your Oxford Rx Member ID number and your refill slip with the prescription information ready.

To order by mail: Include your refill slip(s) with this form. Do not complete the Patient Information section for refills.

For New Prescriptions

Fill out one line of the Patient Information Section for each new prescription you send. Be sure to include the patient's full name,

date of birth, and address, along with the doctor's name and phone number.

For All Home Delivery Orders

Place all prescriptions and refill slips together with this completed order form and your co-payment in the enclosed return envelope. Be sure to fold the form as indicated so the address on the bottom right shows through the window.

If You Need Additional Help

Call Member Services at 1 800 905-0201. Best times to call are Tuesday through Friday afternoons.

See the back of this form for additional instructions.

FOLD BACK HERE

Member Information

Member ID: _____
 Group: **OXFRDHP**
 Name: _____
 Street Address: _____
 Street Address: _____
 Street Address: _____
 City, ST, ZIP: _____

Shipping address if different from your mailing address

Check if Temporary Permanent

Daytime telephone
 Evening telephone

You authorize release of all information to the plan administrator/insurance company and their agents for use in connection with the benefit plan programs. Information may also be used for other reporting and analysis purposes without identification of you or your family members.

Patient Information—Complete one line for each new prescription (Do not complete for refills)

Patient name and Medicare B number (if applicable)	Patient's relation to plan member (fill in one)	Sex	Birth date M/D/YYYY	Doctor name and phone number	Does patient have any other prescription plan?
1	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

Order Information

Total number of medications in this order (including all refills and new medications)

Subtotal of this order \$

Optional expedited shipping \$9.00 (subject to change)

Total enclosed (do not send cash) \$

Paying by Credit Card? Visa MC Disc/NOVUS AmEx Diners

CREDIT CARD NUMBER

M Y X

EXPIRATION DATE CARDHOLDER SIGNATURE

Check here to have all orders billed to your credit card. By doing so, you authorize Merck-Medco Rx Services to keep your card number on file and bill all future orders directly to your credit card. To enroll by phone, please call 1 800 948-8779.

Paying by check? Write your Oxford Rx Member ID on your check or money order made payable to Merck-Medco Rx Services.

MERCK-MEDCO RX SERVICES
 PO BOX 747000
 CINCINNATI OH 45274-7000



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