

Refill Prescription Order Form



Mail this form to: PrimeMail® PO Box 650041 Dallas, TX 75265-0041 For faster service: Visit www.bcbstx.com or call 877.357.7463 TTY 711

Llame la farmacia de PrimeMail en 877.357.7463 o el registro sobre nuestro sitio del web en www.bcbstx.com

CARD HOLDER INFORMATION Card Holder's Date of Birth (mm/dd/yyyy) Card Holder's ID Card Holder's First Name MI Card Holder's Last Name MI Patient's Last Name (if different than card holder's last name) Patient's First Name Patient's Phone Number Patient's Gender: () Male () Female Patient's Date of Birth (mm/dd/yyyy) Patient's Permanent Address State Zip Code City Patient's E-mail Address Contact by: () E-mail () Phone **HEALTH CONDITIONS** DRUG ALLERGIES () High cholesterol () Sulfa () Arthritis () Diabetes () Glaucoma () Codeine () None () Hypertension () Depression () Heart condition () Penicillin () Asthma () Erythromycin () Aspirin () Other () Other REFILL BY MAIL Prescription Number Physician/Prescriber's Name & Phone Number **Drug Name**

Note: For new prescriptions, fill in patient name and prescribing information and mail the original physician-signed prescription with this completed form.

Total Number of Prescriptions:

CONTINUED ON BACK

SHIPPING INFORMATION					
() Regular: No charge) Second business day: \$15*		* () Ne	xt business day: \$22*	*Additional costs charged to you.
Shipping time does not	include processing tim	e. Shippi	ng prices a	re subject to change.	
We are unable to ship see	cond business day or nex	ct busines	s day order:	s to PO boxes.	
Shipping address must be	e a physical location.				
Alternate Shipping Addres	ss (if different than perma	anent add	ress)		
City	State	e Zip (Code	Phone Number	
() This is a change of add	dress () This is a on	ie time ad	dress () Seasonal address fro	m to
PAYMENT INFORMATI	ON	00000000000000000000000000000000000000		antigedistrational to a see green personal national analysis to be substitute in the second substitute in the	e Paracha Martinia de Contra de Martinia Martinia (Martinia Martinia Martinia Martinia Martinia Martinia Marti
Payment is due with each may delay processing. The				or money order. Orders r	eceived without payment
Check or money order Please make check or money order payable to Prime Therapeu include your member ID on the memo line. Do not send cash.				() Check	() Money Order
Credit card information To authorize payment by MasterCard, VISA and Ar otherwise.	credit card, provide the a	ccount nu rd will be	ımber, expir used for this	ation date and signature s and all future orders ur	e. We accept Discover, nless we are notified
Credit Card Number		Expi	ration Date		
() Use credit card on file,	with the last 4 digits of:				
Signature				Date	
Pharmacy law may permi	it pharmacists to substitu	te a less	expensive F	DA-approved genericall	y equivalent medication

Pharmacy law may permit pharmacists to substitute a less expensive FDA-approved generically equivalent medication for a brand-name medication unless you or your prescriber indicate otherwise. Some health plans require the patient to pay the difference between generic and brand name cost.

By returning this form to PrimeMail, you consent to the release and use of the patient's health information to the patient's health plans and health care providers/agents for health benefits management. Prime Therapeutics' use or disclosure of individually identifiable health information, whether furnished by you or obtained from other sources such as medical providers, shall be in accordance with federal privacy regulations under HIPAA (Health Insurance Portability and Accountability Act of 1996).

PrimeMail may contact your physician for clarification and safety purposes, which may result in your physician prescribing a different, clinically appropriate product.

Blue Cross and Blue Shield of Texas (BCBSTX) is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

PrimeMail is a mail-service pharmacy owned and operated by Prime Therapeutics. BCBSTX contracts with Prime Therapeutics to provide pharmacy benefit management and mail-service pharmacy services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSTX and contracting pharmacies is that of independent contractors. BCBSTX, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

PrimeMail is a registered trademark of Prime Therapeutics LLC.