

# It's easy and may save you money. OptumRx delivers your medication right to your mailbox.

## Why choose OptumRx® home delivery?

- Free standard shipping.
- Access to a pharmacist by phone any time day or night.

## How does it work?

- 1** Order a 3-month supply of your maintenance medication —the ones you take regularly.
- 2** OptumRx fills your order and mails it to you.

## How long does it take to get my home delivery order?

Prescriptions from OptumRx should arrive within 5 business days after we receive the complete order.

## How can I start using home delivery?



### ePrescribe

Your doctor can send an electronic prescription to OptumRx.



### Online

Register or sign in at [optumrx.com](https://www.optumrx.com) or download the OptumRx app.



### Phone

Call OptumRx at **1-888-279-1828**, TTY **711**, 24 hours a day, 7 days a week.



### Mail

Complete order form on reverse side and send to:  
**OptumRx**  
**P.O. Box 2975**  
**Mission, KS 66201**



**Questions?** Contact OptumRx at **1-888-279-1828**. TTY users can dial **711**.



If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.



# NEW PRESCRIPTION MAIL-IN ORDER FORM

## 1 Member and physician information — please use black or blue ink. One form per member.

Member ID Number		
(Additional coverage, if applicable) Secondary Member ID Number		
Last Name	First Name	MI
Delivery Address		Apt. #
City	State	ZIP
Phone Number with Area Code		
Date of Birth (mm/dd/yyyy)	Gender <input type="radio"/> M <input type="radio"/> F	Email
Physician Name		
Physician Phone Number with Area Code		

## 2 Health history

**Medication Allergies:**     Aspirin                       Erythromycin                       Quinolones                       Others:  
 None known                       Cephalosporins                       NSAIDs                       Sulfa  
 Amoxil/Ampicillin                       Codeine                       Penicillin                       Tetracyclines

**Health Conditions:**     Asthma                       Glaucoma                       High cholesterol                       Others:  
 None known                       Cancer                       Heart condition                       Osteoporosis  
 Arthritis                       Diabetes                       High blood pressure                       Thyroid Disease

**Over-the-counter/herbal medications taken regularly:**

## 3 Payment and shipping information — do not send cash

Standard delivery is included at no charge. New prescriptions should arrive within about 10 business days from the date the completed order is received. Completed refill orders should arrive within about 7 business days. OptumRx will contact you if there will be an extended delay in delivering your medications.

You may log on to [optumrx.com](http://optumrx.com) to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.

**Ship overnight.** Add \$12.50 to order amount (subject to change).

**Check enclosed.** All checks must be signed and made payable to: OptumRx.

**Charge to my credit card on file.**

**Charge to my NEW credit card.**

New Credit Card Number:

Expiration Date (Month/Year):  /

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Visa, MasterCard, AMEX and Discover are accepted.

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, I authorize OptumRx to maintain my credit card on file as payment method for any future charges. To modify payment selection, contact customer service at any time.

## 4 Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 2975, Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

