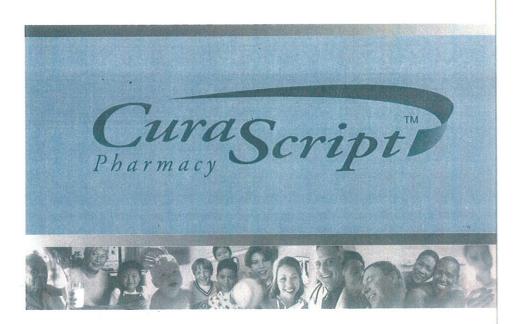
Mail Order and Injectable Pharmacy



Provided to you through



How To Use Your Mail Service Program

NEW PRESCRIPTIONS

- If you need to start your medication right away, have your physician complete two prescriptions. Please be sure the prescription from your physician includes the drug's name, strength, quantity to dispense, exact daily dosage, the physician's name, phone number and the physician's license number.
- 2. Fill one prescription immediately at a retail pharmacy and submit the other to CuraScript for a supply determined by your benefit plan. Encourage your physician to write your prescription for the maximum days supply covered by your benefit plan. This will help you maximize your benefit and save money.
- 3. Detach and complete the mail service participant profile included on this brochure. Please be sure to write your ID number in the space provided on the profile. Your member ID number is located on the front of your member ID card.
- 4. Mail the participant profile, original prescription(s) and copayment (if applicable) to CuraScript in the self-addressed envelope provided.
- 5. For your convenience, CuraScript encourages you to maintain a credit card on file. This will facilitate the payment of your copayment, ensuring timely processing of your order. To place a credit card on file, simply complete the method of payment section on the participant profile by selecting the appropriate credit card and entering your credit card number and expiration date. If a credit card is not available, please include a check or money order for the full amount of your copayment.

REFILL PRESCRIPTIONS:

When you receive your first prescription, you will receive a prescription reorder form. Please follow the refill instructions to order a refill.

NOTE: Please allow 14 days for delivery of your prescription. For questions about ordering through the mail, completing this form or if you need to speak to a customer service representative, call...

1-877-787-6279

Dependent #1	Spouse L Child	He	ealth Conditions	Drug Allergies
			Asthma (493.90)	□ None
Last name			Arthritis (714.00)	☐ Aspirin
			Diabetes (250.01)	□ Codeine
			Depression (311.00)	☐ Erythromycin
First name	Middle initial		Glaucoma (365.90)	□ Penicillin
			High Cholesterol (272.00)	□ Sulfa
	☐ Male ☐ Female		Hypertension (402.92)	
Birthdate			Thyroid (245.90) ☐ High (2	242.90) 🗆 Low (242.92)
Other health condit	ions and drug allergi	96		
Other health condit	ions and drug anergi	100	()	
Physician last name	First name		Phone#	
Dependent #2	Spouse Child	Н	ealth Conditions	Drug Allergies
Besident Jedlack de deutsche de beliebelde sittere Mar				
			Asthma (493.90)	□ None
Last name			Arthritis (714.00)	☐ Aspirin
			Diabetes (250.01)	☐ Codeine
			Depression (311.00)	☐ Erythromycin
First name	Middle initial		Glaucoma (365.90)	□ Penicillin
			High Cholesterol (272.00)	□ Sulfa
	☐ Male ☐ Female		Hypertension (402.92)	
Birthdate			Thyroid (245.90) ☐ High (242.90) 🗆 Low (242.92)
Other health condit	ions and drug allergi	ies		
other moduli ochan	ionio anta antag antargi		()	
Physician last name	First name		Phone#	
Dependent #3	Spouse Child	Н	ealth Conditions	Drug Allergies
				- ·
Last name			Asthma (493.90)	□ None
Last Hamo			Arthritis (714.00)	☐ Aspirin
			Diabetes (250.01)	☐ Codeine
First name	Middle initial		Depression (311.00) Glaucoma (365.90)	☐ Erythromycin☐ Penicillin
	doio initial		High Cholesterol (272.00)	
	. □ Male □ Female			
Birthdate	u iviale u remale		Thyroid (245.90) ☐ High (242.90) 🗆 Low (242.92)
Other health condit	ions and drug allergi	les		
Physician last name	First name		() Phone#	
Dependent #4		Н	ealth Conditions	Drug Allergies
	The state of the s		Same Containions	
			Asthma (493.90)	□ None
Last name			Arthritis (714.00)	☐ Aspirin
			Diabetes (250.01)	☐ Codeine
			Depression (311.00)	☐ Erythromycin
First name	Middle initial		Glaucoma (365.90)	☐ Penicillin
			High Cholesterol (272.00)	□ Sulfa
	□ Male □ Female		Hypertension (402.92)	
Birthdate			Thyroid (245.90) ☐ High (242.90) 🗆 Low (242.92)
Other health condit	ions and drug allerg	ine		
Other health condit	ions and drug allerg	ies	· / \	

MAIL SERVICE PARTICIPANT PROFILE Please complete both sides, detach and mail

	·	
MAIL : Please co	SERVICE PARTICIPANT omplete both sides, deta	PROFILE ach and mail
UPMC Member ID #	Group N	lumber
Company or organization	providing your benefit	
Last name F	First name Middle init	□ Male □ Female
Eddernamo	TOC HAITO	
Mailing address		Apt. or Suite
walling address		ript. or oute
City	State	ZIP
Oity	otate	211
Dist. 1-1- (11-1)	()	Evening phone#
Birthdate (mo/day/yr)	Daytime phone#	Evening phone#
		()
Physician last name	First name	Phone#
01 - 1 - 11 11 - 1 1		
Check all that apply: Health Conditions		Drug Allergies
☐ Asthma (493.90)	☐ Glaucoma (365.90)	□ None
☐ Arthritis (714.00)	☐ High Cholesterol (272.00)	☐ Aspirin
☐ Diabetes (250.01)	☐ Hypertension (402.90)	□ Codeine
☐ Depression (311.00)	☐ Thyroid (245.90)	□ Erythromycin
	☐ High (242.90)	□ Penicillin
	□ Low (242.92)	□ Sulfa
Other health conditions	or drug allergies:	
	or arag anorgroot	
Order Information		€
Method of Payment ☐ Check (payable to Cur.)	aScrint)	
☐ Money Order (payable		
☐ Credit Card: ☐ VISA		
Credit Card Number		Increased to moved
Check here to have all	orders billed to your credit card	. By doing so you authorize
CuraScript to keep your of credit card.	card number on file and bill all fu	iture orders directly to your
information to deliver treatment to	M Services, Inc. and CuraScript Pharmacy, me, bill and collect payment(s) for that tre	atment and for related health care
operations. In general, any inform	ation that CuraScript learns about a patien ed confidential information and therefore, it	t's health, their health care and
MLILIY		
Expiration Date		
X		
Cardholder Signature		