



Refill Prescription Order Form



BlueCross BlueShield of Montana

Mail this form to: PrimeMail PO Box 27836 Albuquerque, NM 87125-7836

For faster service: Visit www.MyPrimeMail.com or call 866.325.5230 TTY 711 Llama la farmacia de PrimeMail en 866.325.5230 o el registro sobre nuestro sitio del web en www.MyPrimeMail.com

CARD HOLDER INFORMATION

Card Holder's ID Card Holder's Date of Birth (mm/dd/yyyy) Card Holder's Last Name Card Holder's First Name MI

Patient's Last Name (if different than card holder's last name) Patient's First Name MI

Patient's Gender: Male Female Patient's Date of Birth (mm/dd/yyyy) Patient's Phone Number

Patient's Permanent Address City State Zip Code

Patient's Email Address Contact by: Email Phone

DRUG ALLERGIES

None Codeine Sulfa Aspirin Erythromycin Penicillin Other

HEALTH CONDITIONS

Arthritis Diabetes Glaucoma High cholesterol Asthma Depression Heart condition Hypertension Other

REFILL BY MAIL

Table with 3 columns: Drug Name, Physician/Prescriber's Name & Phone Number, Prescription Number. Includes a row for 'Total Number of Prescriptions'.

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

CONTINUED ON BACK

## SHIPPING INFORMATION

**Regular:** No charge       **Second business day:** \$15\*       **Next business day:** \$22\*      \*Additional costs charged to you.

**Shipping time does not include processing time. Shipping prices are subject to change.**

We are unable to ship second business day or next business day orders to PO boxes.

Shipping address must be a physical location.

Alternate Shipping Address (if different than permanent address)

City

State

Zip Code

Phone Number

This is a change of address       This is a one time address       Seasonal address from \_\_\_\_\_ to \_\_\_\_\_

## PAYMENT INFORMATION

Payment is due with each order and may be made by credit card, check or money order. Orders received without payment may delay processing. There is a \$20 returned check charge.

### Check or money order

Please make check or money order payable to Prime Therapeutics and include your member ID on the memo line. Do not send cash.

Check

Money Order

### Credit card information

To authorize payment by credit card, provide the account number, expiration date and signature. We accept Discover, MasterCard, VISA and American Express. This card will be used for this and all future orders unless we are notified otherwise.

Credit Card Number

Expiration Date

Use credit card on file, with the last 4 digits of:

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

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.

®Registered Marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans. Blue Cross and Blue Shield of Montana is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, and Independent Licensee of the Blue Cross and Blue Shield Association.

PrimeMail is a registered trademark of Prime Therapeutics LLC, an independent pharmacy benefit manager chosen by Blue Cross and Blue Shield of Montana to manage your prescription drug benefit.