

# FutureScripts MAIL-ORDER FORM



## 1 Member information: Please verify or provide member information below.

Member ID: \_\_\_\_\_

Group: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Please send me e-mail notices about the status of the enclosed prescription(s) and online ordering at: \_\_\_\_\_@\_\_\_\_\_.

New shipping address: \_\_\_\_\_

**FutureScripts** will keep this address on file for all orders from this membership until another shipping address is provided by any person in this membership.

Daytime phone:

Evening phone:

## 2 Patient/doctor information: Complete **one section** for each person with a prescription. If a person has prescriptions from more than one doctor, complete a new section for each doctor (additional sections are on back). Send all prescriptions in the envelope provided.

First name

Last name

Birth date (MM/DD/YYYY)

Sex

 M  F

Patient's relationship to member

 Self  Spouse  Dependent

Doctor's last name

1st initial

Doctor's phone number

First name

Last name

Birth date (MM/DD/YYYY)

Sex

 M  F

Patient's relationship to member

 Self  Spouse  Dependent

Doctor's last name

1st initial

Doctor's phone number

## 3 Complete your order: You can pay by e-check, check, money order, or credit card. Make checks and money orders **payable to FutureScripts**, and write your member ID number on the front. You can enroll for e-check payments and price medications at [www.myfuturescripts.com](http://www.myfuturescripts.com), or call **1 888 678-7013**.

Number of prescriptions sent with this order:

Payment options:  e-check  Payment enclosed  Credit card  Send bill

### For credit card payments:

Visa  MC  Discover  AmEx  Diners

Expiration date

M M Y Y

**X**

Cardholder signature

Credit card number

I authorize **FutureScripts** to charge this card for all orders from any person in this membership.

Rush the mailing of this shipment (\$15, cost subject to change). NOTE: This will only rush the shipping, not the processing of your order. Street address is required; P.O. box is not allowed.

## Patient/doctor information continued

First name

Last name

Birth date (MM/DD/YYYY)

Sex

 M  F

Patient's relationship to member

 Self  Spouse  Dependent

Doctor's last name

1st initial

Doctor's phone number

First name

Last name

Birth date (MM/DD/YYYY)

Sex

 M  F

Patient's relationship to member

 Self  Spouse  Dependent

Doctor's last name

1st initial

Doctor's phone number

## Important reminders and other information

**Check** that your doctor has prescribed the maximum days' supply allowed by your plan (not a 30-day supply), plus refills for up to 1 year, if appropriate. Also, ask your doctor or pharmacist about safe, effective, and less expensive generic drugs.

**Complete** the Health, Allergy & Medication Questionnaire.

**There may be a limit to the balance** that you can carry on your account. If this order takes you over the limit, you must include payment. Avoid delays in processing by using e-checks or a credit card. (See Section 3 for details.)

**If you are a Medicare Part B beneficiary AND have private health insurance**, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at 1 888 678-7013. To verify Medicare Part B prescription coverage, call Medicare at 1 800 MEDICARE (1 800 633-4227).

**FutureScripts will make all possible efforts, as appropriate by law, to substitute generic formulations of medication, unless you or your doctor specifically directs otherwise.**

Pennsylvania and Texas laws permit pharmacists to substitute a less expensive generic equivalent for a brand-name drug unless you or your doctor directs otherwise. **Check the box if you do not wish a less expensive brand or generic drug.**

Please note that this applies only to new prescriptions and to any refills of that prescription.

**For additional information** or help, visit us at **www.myfuturescripts.com** or call Member Services at 1 888 678-7013. TTY/TDD users should call 1 877 207-1194.

*Federal law prohibits the return of dispensed controlled substances.*

Place your prescription(s), this form, and your payment in the envelope provided. Be sure the **FutureScripts** address shows through the window. Do not use staples or paper clips.

HG91332

FutureScripts  
PO BOX 99  
AVON LAKE, OH 44012-9903



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