

# Get your medication delivered right to you.

Get 3-month supplies of your maintenance medications shipped right to you from OptumRx®, our plan's home delivery pharmacy.

# A 3-month supply means:

- You can take fewer trips to the pharmacy.
- You're less likely to miss a dose since you will have an extra supply on hand.

# With home delivery, you also get:

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

## How to enroll:



#### ePrescribe.

Your doctor can send an electronic prescription to OptumRx.



#### Online.

Register or sign in at **myuhc.com®** or download the Health4Me® app.



#### Phone.

Call the number on your health plan ID card, 24 hours a day, 7 days a week.



#### Mail.

Complete and mail the attached form with your prescription to OptumRx.

## **How it works:**

- Order a three-month supply of your maintenance medication—the ones you take regularly.
- OptumRx fills your order and mails it to you.
- Your medication arrives within 4 to 7 days of placing your order.





Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. OptumRx is an affiliate of UnitedHealthcare.

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Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company. OptumRx is an affiliate of UnitedHealthcare Insurance Company.



### **NEW PRESCRIPTION MAIL-IN ORDER FORM**

Member and physicia	n informatio	n — pleas	e use blac	k or blue	ink. One for	m per member.
Member ID Number						
(Additional coverage, if applicable)	Secondary Mem	ber ID Numbe	r			
Last Name	First Name				MI	
Delivery Address					Apt. #	
City		State		ZIP		
Phone Number with Area Code				I		
Date of Birth (mm/dd/yyyy)  Gender  O M O F		Email				
Physician Name		1				
Physician Phone Number with Area	a Code					
Health history						
O None known O Cephal	O Aspirin O Ery O Cephalosporins O NS O Codeine O Per				O Others:	
O None known O Cancer O He		aucoma eart condition gh blood pressui	ondition O Osteoporosis		O Others:	
Over-the-counter/herbal medica	tions taken reg	ularly:				
Payment and shippin	g informatio	n — do no	ot send ca	sh		
Standard delivery is included at no order is received. Completed refill c extended delay in delivering your m	orders should arriv					
You may log on to <b>optumrx.com</b> to may not be returned for a refund o		ng informatior	n is available b	efore enclos	ing payment. Once	shipped, medications
Ship overnight. Add \$12.50 to order amount (subject to change).		New Credit Card Number				
Check enclosed. All checks must be signed and made payable to: OptumRx.		Expiration Date (Month/Year)				erCard, AMEX er are accepted.
○ Charge to my credit card on f ○ Charge to my NEW credit card					and Discov	er are accepted.
Signature:	Date:					
For new prescription orders and marelated to prescription orders. By supayment method for any future	pplying my credit	card number, I	I authorize C	ptumRx to	maintain my cred	dit card on file as

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.



