## **Express Scripts Pharmacy**<sup>SM</sup> **Home Delivery Form**





1 Member information: Please provide member information below. (See your ID card.)	
Member ID:  Prefix Identification #	☐ Please send me e-mail notices about the status of the enclosed
RxGroup: BCWAPDP	prescription(s) and online ordering at:
Name:	☐ New shipping address:
Street Address:	
Street Address:	
Street Address:	
City, ST, ZIP:	(Express Scripts 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:
<b>Patient/doctor information:</b> Complete <b>one section</b> 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	e
	relationship to member  Spouse/Domestic partner  Dependent
Doctor's last name	1st initial Doctor's phone number
First name Last name	
Birth date (MM/DD/YYYY) Gender Patient's relationship to member	
☐ M ☐ F ☐ Self	☐ Spouse/Domestic partner ☐ Dependent
Doctor's last name	1st initial Doctor's phone number
Complete your order: You can pay by e-check, check, money order, or credit card. Make checks and money orders payable to Express Scripts, and write your member ID number on the front. You can enroll for e-check payments and price medications from MyPharmacyPlus at premera.com, or call Express Scripts at 1-800-391-9701.	
Number of prescriptions sent with this order:	
<b>Payment options:</b> □ e-check □ Payment enclosed □ Credit card	
For credit card payments:  Visa MC Discover Amex Diners	Credit card number
Expiration date  X  M M Y Y  Cardholder signature	<ul> <li>I authorize Express Scripts to charge this card for all orders from any person in this membership.</li> </ul>

Rush the mailing of this shipment (\$21, 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.

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