Medco Pharmacy® MAIL-ORDER FORM

(Now a part of the Express Scripts family of pharmacies)







1 Member information: Please verify or provide Member information below.	
Member ID: Group:	Please send me email notices about the status of the enclosed prescription(s) and online ordering at:
Name: Street Address: Street Address:	☐ New shipping address:
Street Address:	/Funnance Carinto will be an thin address on file for all and are from this
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:
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	me
Birth date (MM/DD/YYYY) Sex Patient	's relationship to member
□ M □ F □ Self	☐ Spouse ☐ Dependent
Doctor's last name	1st initial Doctor's phone number
First name Last name	me
	's relationship to member ☐ Spouse ☐ 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 identification (ID) number on the front. You can enroll for e-check payments and determine a medication's price online at Express-Scripts.com, or call the Rx Member Services toll-free number on your ID card.	
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	Credit card number
Expiration date X M M Y Y Cardholder signature	 I authorize Express Scripts to charge this card for all orders from any person in this membership.

HG6973C Z5287-RXX R3/13

☐ 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.

CINCINNATI, OH 45274-7000