

Prescription Order Form



Mail this form to:
PrimeMail®
PO Box 660319
Dallas, TX 75266-0319

For added service:
Visit www.floridablue.com
or call 888.849.7865
TTY 711

Llame la farmacia de PrimeMail en
888.849.7865 o el registro sobre nuestro
sitio del web en www.floridablue.com

CARDHOLDER INFORMATION

Member ID Number, Date of Birth (mm/dd/yyyy), Last Name, First Name, MI

PATIENT INFORMATION

Last Name, First Name, MI, Gender: Male Female, Date of Birth (mm/dd/yyyy), Phone Number

Permanent Address, City, State, ZIP Code

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

Other Drugs, Vitamins or Supplements\*:

\*To help avoid potential drug interactions, please list all the drugs and supplements you take.

DIRECTIONS

- Mail the original, doctor-signed prescriptions with this form.
If you are also sending in an order for a family member, please complete a separate form (one form/person).
If you are ordering more than three drugs, please attach a list of the other drug names.
Sometimes PrimeMail needs more information before we can fill your order.

PRESCRIPTION ORDER

Table with 3 columns: Drug Name, Doctor's Name, Phone Number

Total Number of Prescriptions:

CONTINUED ON BACK

**SHIPPING INFORMATION**

Regular: No charge

Second business day: \$15\*

Next business day: \$22\*

Most shipments will arrive about one week after you send in the order. You may track your order's status by visiting the website shown on the front of this form. Sometimes PrimeMail needs more information from your doctor before we can fill your order. If your order could be delayed, we will call or email to give you a new delivery date.

\*Please note: the shipping costs shown are estimates; the actual amounts may be different. Overnight and second-day deliveries can only be shipped to a street address (no P.O. Boxes).

Other Shipping Address (if different than permanent address)

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City

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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. (Orders received without payment may be delayed.)

You may pay by credit card, check or money order. (There is a \$20 charge for checks returned due to insufficient funds.)

**Check or money order**  Check  Money Order

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

**Credit card information**

You may pay with a Discover, MasterCard, VISA or American Express credit card. All your orders will be charged to this card until you change your payment information (which you can do at any time).

Credit Card Number

□□□□□□□□□□□□□□□□□□□□□□□□□□□□

Expiration Date

□□ / □□

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

In some states, pharmacy law allows an FDA-approved generic equivalent drug to replace a brand-name drug. You or your doctor may say you will only accept the brand name drug. Just be aware that you may also have to pay any difference in cost.

Sending this form to PrimeMail also means you agree to allow information to be shared with your health care plan and its agents. Prime's treatment of Protected Health Information (PHI) follows the federal privacy regulations established by HIPAA (Health Insurance Portability and Accountability Act of 1996). PrimeMail may contact your doctor to ask for more information or to share a safety concern. As a result, your doctor may decide to prescribe a different product that works just as well.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

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