

NEW PRESCRIPTION MAIL-IN ORDER FORM

1 Member and physician information — please use black or blue ink. One form per member.

Member ID Number		
(Additional coverage, if applicable) Secondary Member ID Number		
Last Name	First Name	MI
Delivery Address		Apt. #
City	State	ZIP
Phone Number with Area Code		
Date of Birth (mm/dd/yyyy)	Gender ○ M ○ F	Email
Physician Name		
Physician Phone Number with Area Code		

2 Health history

Medication Allergies: ○ Amoxicillin/Ampicillin ○ Cephalosporins ○ Erythromycin ○ Penicillin ○ Sulfa ○ Others: _____
 ○ None known ○ Aspirin ○ Codeine ○ NSAIDs ○ Quinolones ○ Tetracyclines

Health Conditions: ○ Arthritis ○ Cancer ○ Glaucoma ○ High blood pressure ○ Osteoporosis ○ Others: _____
 ○ None known ○ Asthma ○ Diabetes ○ Heart condition ○ High cholesterol ○ Thyroid Disease

Over-the-counter/herbal medications taken regularly:

3 Payment and shipping information — do not send cash

Standard delivery is included at no charge. New prescriptions should arrive within about 10 business days from the date the completed order is received. Completed refill orders should arrive within about 7 business days. MagellanRx will contact you if there will be an extended delay in delivering your medications.

You may log on to www.magellanrx.com to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.

○ **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: MagellanRx.

○ **Charge to my credit card on file.** Expiration Date (Month/Year) Visa, MasterCard, AMEX and Discover are accepted.

○ **Charge to my NEW credit card.**

Signature: _____ Date: _____

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize Magellan Rx Management to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

4 Mail this completed order form with your new prescription(s) to P.O. Box 509075, San Diego, CA 92150. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

MAG5634F_140915

NRX006



REMOIST

GLUE

GLUE



PLACE
STAMP
HERE

Magellan Rx Management
PO BOX 509075
SAN DIEGO CA 92150-9075

