

## Skip the pharmacy. We deliver to you.

If you take a medication regularly, you could save time and money with Optum® Home Delivery after **January 1, 2023**.

- · Order up to a 3-month supply.
- Get your medications delivered right to your mailbox with free standard shipping.
- Talk to a pharmacist 24/7.

## Submit your order one of three ways:



Online at optumrx.com



Via the Optum Rx app



Call **1-800-860-3161** 

## Will my current prescriptions transfer?

Yes, most will transfer to Optum Home Delivery. But prescriptions for some medications such as controlled substances will not transfer. In these cases, you'll need a new prescription from your doctor.



## New home delivery prescription order form

1. Member and phys	sician information -	- please use	e black or	blue ink. On	e form per member.	
Member ID number						
(Additional coverage, if a	applicable) Secondary n	nember ID nu	mber			
Last name			First name		MI	
Delivery address					Apt.#	
City		State		Zip code		
Phone number with area	acode					
Date of birth (mm/dd/yyyy)		Email address				
Physician name						
Physician phone numbe	r with area code					
2. Health history						
Medication allergies:	☐ Aspirin	☐ Erythromycin		☐ Quinolones	☐ Others:	
☐ None known	☐ Cephalosporins	□ NSAIDs		☐ Sulfa		
☐ Amoxil/Ampicillin	☐ Codeine	☐ Penicillin		☐ Tetracycline	s	
Health conditions:	☐ Asthma	☐ Glaucoma		☐ High cholest	erol 🗆 Others:	
☐ None known	☐ Cancer	☐ Heart condition		☐ Osteoporosis		
☐ Arthritis	☐ Diabetes	☐ High blood pressure		☐ Thyroid disea	ase	
Over-the-counter medicates 3. Payment and ship				egularly:		
	uded at no charge. Preso	criptions shou	ıld arrive wi		days after the pharmacy receives the ering your medications.	
Visit the website listed o may not be returned for			g pricing be	fore sending pa	yment. Once shipped, medications	
<ul> <li>Expedite shipping. Add \$20.00 to order amount (subject to change).</li> </ul>		New credit card number				
☐ Check enclosed. All checks must be signed and made payable to: Optum Rx.		Expiratio	Expiration Date (Month/Year) Visa, MasterCard, AMEX			
<ul><li>Charge to my credit card on file.</li><li>Charge to my new credit card.</li></ul>			and Discover are accepted.			
Signature:				Date:		
					pay/coinsurance and other such	

expenses related to prescription orders. By supplying my credit card number, **I authorize Optum Rx 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 Optum Rx, P.O. Box 2975, Mission, KS 66201. Do not staple or tape prescriptions to the order form.



WF7540122 5633-062022 **NRX001**