

Ordering Medications from the Mail Service Pharmacy



Benefit Provided by BellSouth

For Refills

To order from our website: <https://www.bellsouthbenefits.com>. Have your Member ID number and Prescription (Rx) number on hand. Your 12-digit Prescription or Rx number can be found on your refill slip.

To order by phone: Call 1-800-4REFILL (1-800-473-3455) to use the automated refill system. Have your Member ID number and your refill slip with the prescription information ready.

To order by mail: Include your refill slip(s) with this form. Do not complete the Patient Information section for refills.

For New Prescriptions

Fill out one line of the Patient Information Section for each new prescription you send. Be sure to include the patient's full name,

date of birth and address, along with the doctor's name and phone number.

For All Mail Orders

Place all prescriptions and refill slips together with this completed order form and your copayment in the enclosed return envelope. Be sure to fold the form as indicated so the address on the bottom right shows through the window.

If You Need Additional Help

A pharmacist is available 24 hours a day, seven days a week, for emergency consultations. Call Merck-Medco at BellSouth's dedicated toll-free customer service number, 1-877-797-7472. Best times to call are Tuesday through Friday afternoon.

See the back of this form for additional instructions.

Member Information

Member ID: _____

Group: _____

Name: _____

Street Address: _____

Street Address: _____

Street Address: _____

City, ST Zip: _____

Daytime telephone

Evening telephone

If this change of address is for more than one order, please contact BellSouth's benefit service center to change your address.

Check if Temporary (This order only)

You authorize release of all information to the plan administrator, underwriter, sponsor, policyholder, employer, and their agents for use in connection with the benefit plan programs. Information may also be used for other reporting and analysis purposes without identification of you or your family members.

Patient Information — Complete one line for each new prescription (Do not complete for refills)

Patient name and Medicare B number (if applicable)	Patient's relation to plan member (fill in one)	Sex	Birth date M/D/YYYY	Doctor name and phone number	Does patient have any other prescription plan?
1	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

Order Information

Total number of medications in this order (including all refills and new medications)

Subtotal of this order \$

Optional expedited shipping

Total enclosed (do not send cash) \$

Send non child-resistant caps

Paying by Credit Card? Visa MC Disc/Novus AmEx Diners

M Y X

EXPIRATION DATE CARDHOLDER SIGNATURE

Check here to have all orders billed to your credit card. By doing so, you authorize Merck-Medco Rx Services to keep your card number on file and bill all future orders directly to your credit card. To enroll by phone, please call 1-800-948-8779.

Paying by check? Write your Member ID on your check or money order made payable to Merck-Medco Rx Services.

MERCK-MEDCO Rx SERVICES
PO BOX 650322
DALLAS TX 75265-0322



FOLD BACK HERE

FOLD BACK HERE

Please take a minute to make sure...

- **You have included your doctor's signed prescription form and filled out the patient information on the front of the order form for each new prescription.**
- **You have either filled out the credit card section on the front of this order form or included a check or money order for the required copayment.**
- **You have written your member ID number on any check or money order.**
- **The Merck-Medco Rx Services address on the front shows through the window of the return envelope.**
- **You have filled out the Health, Allergy and Medication Questionnaire. This information will help Merck-Medco better serve your prescription drug needs.**

Expedited shipping available

You should allow 7-11 days for normal delivery of your medications. For an additional fee, call Merck-Medco at BellSouth's dedicated toll-free customer service number, 1-877-797-7472 and your order will be shipped by an expedited service offered to your area. This option must be chosen when you make the order, and cannot be applied after an order is already processed.

Additional Instructions

If you elect to have this and all future orders automatically charged to your credit card by checking the box on the front or enrolling by phone, bear in mind that the automated payment plan feature will apply to all mail service pharmacy orders, whether or not they are covered by your plan. Also note that we can only keep one credit card on record.

You may have a balance limit on your plan account. If you do, once your unpaid balance exceeds that limit no additional orders will be processed until the balance is paid.

You can call 1-800-948-8779 to enroll in our automated payment plan, change the credit card on file, check your account balance or pay by phone using a credit card.

Texas law allows a less expensive, generically equivalent drug to be substituted for certain brand name drugs unless your physician directs otherwise. You have a right to refuse such substitution. Consult your physician or pharmacist concerning the availability of a safe, less expensive drug for your use.

A pharmacist is available during normal business hours to answer questions concerning your prescription.

Las leyes de Texas permiten que se sustituya una medicina genericamente equivalente y menos cara por ciertas medicinas de marca reconocida a menos que su medico instruya de otra manera. Ud. Tiene el derecho de rehusar dicha substitucion. Consulte a su medico o farmaceutico con referencia a la disponibilidad de una medicina segura y menos cara para su uso.

Un farmaceutico esta disponible durante horas de negocio normal para contestar preguntas a cuenta de sus recetas.

For more information, access the Merck-Medco website via benefits @ your fingertips at <https://www.bellsouthbenefits.com>.

