
Prescription Fax Form

Plan Member: Please take this personalized form to your doctor for completion. **This form can only be submitted by your doctor to ensure only faxed prescriptions that are authorized by your prescriber are accepted.** This form can only be used for prescriptions for the plan member or the plan member's household.

Please note: Your medication will be delivered to you within 4 to 7 days after we receive the faxed prescription from your doctor. Therefore, when placing your order, you should have at least a 14-day supply of that medication on hand.

Prescriber: Please take a moment to review the information in this form. Based on feedback from physicians' offices like yours, we have revised the form to make it easier to complete.

Please complete the form in its entirety by following the steps below:

- STEP 1:** Please provide the patient information in the space provided.
- STEP 2:** Check to see if your office's secure fax is listed correctly. A secure fax location is defined as an area where patient information is kept confidential.
- STEP 3:** Indicate the medical information requested for new patients or for patients with changes in health.
- STEP 4:** Please tape the prescription from your prescription pad here. With regard to your patient's plan benefit:
 - Most patients can receive up to a 90-day supply of medication with 4 refills.
 - Medications listed on your patient's formulary can help to reduce your patient's total co-pay amount.

Please make sure to include the following information on the prescription (using your own prescription blank):

- | |
|--|
| <ul style="list-style-type: none">→ Patient's Date of Birth→ Date Written→ Medication Name/Strength→ Quantity/Number of Refills→ Directions→ Prescriber's Signature (Signature stamps are not accepted.)→ Prescriptions for controlled substances will only be accepted where allowed by prescriber state regulations.→ We do not accept Schedule two (C2) prescriptions via fax. |
|--|

Completing all of the fields on the form helps to ensure timely processing for your patients.

Fax the completed form without a cover sheet to 1-800-837-0959

Confidentiality Notice: This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of this document.

Medco Health manages this patient's pharmacy benefit at the request of his or her plan sponsor.

Prescription Fax Form



Patient: Do not fax or mail. **This form can only be submitted by your doctor to ensure only faxed prescriptions that are authorized by your prescriber are accepted.**

Prescriber: Your patient would like to receive this prescription through the **Medco Health Home Delivery Pharmacy Service™**. Patients can save time and money with this service.

We are requesting an approval of this prescription from you.

Please complete and fax this form to us at 1-800-837-0959. Thank you. If you have questions, call us at 1-888-327-9791.



Step 1 Fill in the Patient information below.

Prescription Drug Card Member # :



Patient Information :

Patient Name:(First) _____ (Last) _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Step 2 Confirm your office's secure fax #.

Check the box to indicate a change, and write in the correct#.

New fax # : _____

Step 3 Complete for new patients or for patients with changes in health.

Please check all that apply:

Allergies:

- None Sulfa Penicillin
 Aspirin Codeine Iodine

Medical Conditions:

- Heart Asthma High B.P.
 Ulcer Glaucoma
 Other _____

Step 4 Please tape the prescription from your prescription pad here. (Most patients can receive up to a 90-day supply and 4 refills.)

Fax the completed form to: 1 800 837-0959

Medco Health fax printers are secure and in compliance with the HIPAA Privacy Standards.

TAPE PRESCRIPTION HERE

Please confirm you have included:

On the form:

- Subscriber's Drug Card Number

On the prescription:

- Patient's Full Name
- Patient's Date of Birth
- Patient's Address
- Date Prescription Written
- Your Signature (Signature stamps are not accepted.)
- **We do not accept Schedule two (C2) prescriptions via fax.**
- **Prescriptions for controlled substances will only be accepted where allowed by prescriber state regulations.**

64122



Confidentiality Notice: This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of this document.

Medco Health manages this patient's pharmacy benefit at the request of his or her plan sponsor.