

**HOME DELIVERY  
ORDER FORM**



**1 Member information:** Please verify or provide member information below.

(Express Scripts will keep this address on file for all orders from this membership until another shipping address is provided by any person in this membership.)

**2 Patient/doctor information:** Complete **one section** for each person with a prescription. If a person has prescriptions from more than one doctor, complete a new section for each doctor (additional sections are on back). Send all prescriptions in the envelope provided.

First name											Last name										
Birth date (MM DD YYYY)	Sex		Patient's relationship to member																		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent															
Doctor's last name											1st initial	Doctor's phone number									
<input type="text"/>											<input type="text"/>	<input type="text"/>									

First name											Last name										
Birth date (MM DD YYYY)	Sex		Patient's relationship to member																		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent															
Doctor's last name											1st initial	Doctor's phone number									
<input type="text"/>											<input type="text"/>	<input type="text"/>									

**3 Complete your order:** You can pay by e-check, check, money order, or credit card. Make checks and money orders payable to **Express Scripts**, and write your member ID number on the front. You can enroll for e-check payments and price medications at Express-Scripts.com, or call the Member Services phone number found on your ID card.

**Number of prescriptions sent with this order:**

**Payment options:**  e-check  Payment enclosed  Credit card  Send bill

<b>For credit card payments:</b> <input type="checkbox"/> isa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input checked="" type="checkbox"/> mex <input type="checkbox"/> Diners	Credit card number <input type="text"/>
Expiration date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y	<input checked="" type="checkbox"/> I authorize Express Scripts to charge this card for all orders from any person in this membership.
Cardholder signature _____	

**Important reminders and other information**

**Check** that your doctor has prescribed the maximum days'

**Express Scripts will make all possible efforts, as appropriate by law, to substitute generic formulations of medication, unless you or your doctor specifically directs otherwise.**

Pennsylvania and Texas laws permit pharmacists to substitute a less expensive generic equivalent for a brand-name drug unless you or your doctor directs otherwise.

**Check the box if you do not wish a less expensive brand or generic drug.**

Please note that this applies only to new prescriptions and to any refills of that prescription.

**For additional information** or help, visit us at [Express-Scripts.com](http://Express-Scripts.com) or call Member Services at the phone number found on your ID card. **Y- DD** users should call 1-800-833-1111.

Place your prescription(s), this form, and your payment in an envelope. Do not use staples or paper clips.

FOLD HERE

FOLD HERE