

aetna® Medication Order Form


Aetna Rx Home Delivery®

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<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div>Member ID # (if not shown or if different from above)</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <div>Plan Name</div>	Mail this form to:  AETNA RX HOME DELIVERY PO BOX 417019 KANSAS CITY MO 64179-7019
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You can place your order with Aetna Rx Home Delivery:

Online: Log on to your secure member website.

By phone: Call us at the number on your member ID card.

By Mail: Complete both sides of the form. Print clearly in CAPITAL letters using black or blue ink. Include your paper prescription.

Use this form if paying by check. Return completed form to the address above. **Medicare** members should complete one form per person.

Number of **New** prescriptions:

Number of **Refill** prescriptions:

A Shipping Address if different than above.

Last Name	First Name	MI	Suffix (JR, SR)
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Street Address	Apt./Suite #		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
City	State	ZIP Code	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Daytime Phone #: <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>		Evening Phone #: <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	

B Refills. To order mail service refills, enter the Rx number(s) found on your prescription label.

1) _____	2) _____	3) _____	4) _____
5) _____	6) _____	7) _____	8) _____

We want to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for Brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions including drug names, use the "Special instructions" section of this form.

All claims for prescriptions sent to Aetna Rx Home Delivery using this form will be submitted to your prescription benefit plan for payment.

We may package all of these prescriptions together unless you tell us not to. **Please Note:** By submitting this form you verify that the information is correct, that the prescriptions enclosed are for use by eligible participants and authorize the release of all information to the Plan Sponsor, administrator, or underwriter. All communications regarding this account will be directed to the member (employee/retiree). If a spouse or other eligible dependent wishes to direct their communications to an alternate address or telephone number, they may make this request by completing the Confidential Communications Request form provided in the Privacy Notice, or as available on our website.



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If there are more than two people, please complete another form. Tell us about the people ordering prescriptions. Medicare members use one form per member.

1st person with a refill or new prescription.

☐ Spanish forms and labels

LAST NAME

FIRST NAME

M

Suffix (JR,SR)

NICKNAME

Gender: ☐ M ☐ F

Date of birth: MM-DD-YYYY

E-mail address: _____

Doctor's last name

Doctor's first name

Doctor's phone #

Allergies: ☐ None ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin
☐ Sulfa ☐ Other: _____

Medical conditions: ☐ Arthritis ☐ Asthma ☐ Diabetes ☐ Acid reflux ☐ Glaucoma ☐ Heart problem
☐ High blood pressure ☐ High cholesterol ☐ Migraine ☐ Osteoporosis ☐ Prostate issues ☐ Thyroid
☐ Other: _____

2nd person with a refill or new prescription. (Does not apply to Medicare members.)

☐ Spanish forms and labels

LAST NAME

FIRST NAME

M

Suffix (JR,SR)

NICKNAME

Gender: ☐ M ☐ F

Date of birth: MM-DD-YYYY

E-mail address: _____

Doctor's last name

Doctor's first name

Doctor's phone #

Allergies: ☐ None ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin
☐ Sulfa ☐ Other: _____

Medical conditions: ☐ Arthritis ☐ Asthma ☐ Diabetes ☐ Acid reflux ☐ Glaucoma ☐ Heart problem
☐ High blood pressure ☐ High cholesterol ☐ Migraine ☐ Osteoporosis ☐ Prostate issues ☐ Thyroid
☐ Other: _____



D Special instructions: _____



E How would you like to pay for this order?

☐ **Electronic check.** Pay from your bank account. (You must first register online or call the number on your member ID card.)

☐ **Credit or debit card.** (VISA®, MasterCard®, Discover®, or American Express®)

☐ Use your card on file.

☐ Use a new card or update your card's expiration date.

Exp. Date MMYY

☐ **Check or money order.** \$ _____

_____ Credit card holder signature/Date

- Payable to Aetna Rx Home Delivery.
- Write your Member ID number on your check or money order.
- If your check is returned, we will charge you up to \$40.

Payment for Balance Due and Future Orders: If you choose electronic check or a credit or debit card, we will use it to pay for any balance due and for future orders unless you provide another form of payment.

☐ Fill in this oval if you **DO NOT** want us to use this payment method for future orders.

I authorize Aetna Rx Home Delivery to bill my credit card for any out-of-pocket costs or special shipping costs in effect at the time my order is filled.

Standard Delivery is free.

For faster delivery choose:

☐ **2nd business day (\$17)**

☐ **Next business day (\$23)**

Faster delivery time is for shipping only. Processing time still applies. Charges are subject to change. Faster delivery options need a physical address (no PO Boxes).



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