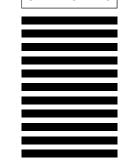
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



Q54 ANCHOR/Q54

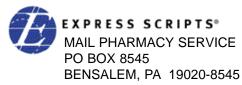
## **BUSINESS REPLY MAIL**

FIRST-CLASS MAIL

PERMIT NO. 454

BENSALEM, PA

POSTAGE WILL BE PAID BY ADDRESSEE





Refer to Member Handbook for Commonly Asked Questions

## **Mail Service Benefits**

- Free delivery (standard postage)
- Convenient home delivery in 14 days
- Free Drug Interaction screening
- Pharmacist available 24 hours
- 24-hour touch-tone service available for refills or to check status on refills
- VISA, MC, DISCOVER and AMERICAN EXPRESS

Customer Service **1-800-550-8090** 

www.express-scripts.com
PLEASE ALLOW 2 WEEKS FOR DELIVERY

Hearing Impaired: TDD# 1-800-899-2114

I.D. Number		section	LETE FORM TO ORDER - Your for a covered family member ion, unless any information of the contraction of the	er the first time t			
MEMBER	e		•		111 D		
	st name (Jr., Sr., III)		DEPENDENT #1 ☐ SPOU  Last name				
	Middle Initial	First Name		,			
	Gender	Nickname					
	Gender		ate (mo/day/yr)		2I		
			·				
Health Conditions Drug Allergies		Health Conditions		Drug Allergies			
□ Asthma (493.90) □ Arthritis (714.0) □ Diabetes (250.01) □ Depression (311) □ Glaucoma (365.9) □ High Cholesterol (272.0) □ Hypertension (402.90) □ Thyroid □ High (242.9) □ Low List Other conditions and	☐ Sulfa (15) ´ ´ / (244.9)	□ Arth □ Dial □ Dep □ Gla □ Higl □ Hyp □ Thy	nma (493.90) pritis (714.0) betes (250.01) pression (311) ucoma (365.9) procentension (402.90) proid High (242.9)  Low (244) ther conditions and alle	,			
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SHIP TO:  Check here for a temporary address char Temporary Address Start Date: End Date: End Date: Check here for a permanent address change			How to contact you  Home Phone ()  Work Phone ()		Day 🗖	S Night	
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	oproved generic medications who elay please enclose check, mone			•			
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□ Check #	Amount	☐ I request this and all future orders be ship				-	
			I understand there will be an extra charge for this service.  Credit Card # Exp. Date				
NOTE: All prescriptions, invoices and statements are sent in the name of the subscriber.		Signatu	Signature				