# Get your medication through prescription home delivery with OptumRx<sup>®</sup>.

You could save when you order your maintenance medication<sup>1</sup> with prescription home delivery through OptumRx — your plan's preferred mail service pharmacy. To get started, choose one of these easy options.

## **Option 1: Go online**



Set up an online account at **optumrx.com**, then select which medication you would like to order through home delivery from OptumRx.

### **Option 2: Talk to your doctor**

Ask for a 90-day prescription plus three additional refills to maximize your savings.



Ask your doctor to send an electronic prescription to OptumRx to speed up the time it takes to get your order started.

#### OR



Complete, print and mail this order form with your new written prescription to: **OptumRx, P.O. Box 2975, Mission, KS 66201** 

#### **Questions?**

To learn more about OptumRx, visit learn.optumrx.com/mailsaves.



<sup>1</sup>Maintenance medication you take regularly for a chronic or long-term condition.

You are not required to use OptumRx to obtain a 90-day supply of your maintenance medications, but you may pay more out-of-pocket compared to using OptumRx, your plan's preferred mail service pharmacy.

If this is the first time you have ever ordered from OptumRx, prescription orders sent directly to OptumRx from your doctor must have your approval before OptumRx can send your medication. When you place your first order, OptumRx will contact you by phone to get your approval. If OptumRx is unable to reach you for approval on your first order, your prescription will not be sent to you.

Refunds may be available for prescriptions you did not approve and did not want. You may request a refund by calling OptumRx at 1-800-791-7658, TTY 711, 24 hours a day, 7 days a week.

New prescriptions should arrive within ten business days from the date the completed order is received by the mail service pharmacy. Completed refill orders should arrive in about seven business days. OptumRx will contact you if there will be an extended delay in the delivery of your medications.

OptumRx is an affiliate of UnitedHealthcare Insurance Company.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. The AARP® MedicareComplete® Plans carry the AARP name, and UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP.

UHC7651-MPD-AARPMC\_140806 Y0066\_141215\_105317 Accepted



## **NEW PRESCRIPTION MAIL-IN ORDER FORM**

Member and p	hysician	inform	natio	n — pleas	e use l	blac	k or blue	ink. (	One for	n per	member.
Member ID Number											
(Additional coverage, if a	applicable) S	econdary	Memb	oer ID Number	r						
Last Name		First Name					M	11			
Delivery Address										A	pt. #
City				State ZIP							
Phone Number with Area	a Code										
Date of Birth (mm/dd/yyyy) Gend O M			Email ) F								
Physician Name											
Physician Phone Number with Area Code											
Health history	,	1									
Medication Allergies: O None known O Amoxil/Ampicillin		porins	O Erythromycin O NSAIDs O Penicillin		0	O Quinolones O Sulfa O Tetracyclines		O Oth	iers:		
Health Conditions: O None known O Arthritis	O Asthma O Cancer O Diabetes		O Glaucoma O Heart condition O High blood pressur		0	O High cholesterol O Osteoporosis O Thyroid Disease		O Oth	ers:		
Over-the-counter/herbal medications taken regularly:											
Payment and shipping information — do not send cash											
Standard delivery is included at no charge. New prescriptions should arrive within about 10 business days from the date the completed order is received. Completed refill orders should arrive within about 7 business days. OptumRx will contact you if there will be an extended delay in delivering your medications.											
You may log on to <b>optul</b> may not be returned for				ng information	n is availa	ble be	efore enclos	ing payn	nent. Once	shipped	, medications
Ship overnight. Add \$12.50 to order amount (subject to change).				New Credit Card Number							
Check enclosed. All checks must be signed and made payable to: OptumRx.			Expiration Date (Month/Year)  Visa, MasterCard, A and Discover are ac						AMEX		
○ Charge to my credit ○ Charge to my NEW				1	C	aria discove	i ale ac	cepted.			
Signature:			Date:					Date:			
For new prescription orderelated to prescription ordereasyment method for a	ders. By supp	olying my	credit	card number, I	I authori	ize O	ptumRx to	maintai	n my cred	lit card	
Mail this comp Mission, KS 66	oleted or	der for	m w	ith your n	new pr	escr	iption(s)	to O <sub>l</sub>	otumRx	, P.O. I	