



1-800-785-4197



HEALTH REPUBLIC  
INSURANCE

Mail Order  
Prescription  
Drug Program

For Members with  
Maintenance  
Medication Needs

- Prescription delivered to your home
- Convenient ordering by phone, Internet or mail

a **us**script company  
Integrity. Innovation. Outcomes.

- RxDirect does not share any customer information with third-party marketers who would offer their products and services to you.

5. We may disclose your private health information to an authorized public or private entity to assist you in a disaster relief effort or emergency care treatment situation.

4. Judicial or law enforcement agencies who demand release of information by subpoena, court order or other such legal process.

3. Food and Drug Administration for reporting medication adverse events, defects, product recalls and etc.

2. Health Oversight Agencies for audits, investigations, and inspections.

- As required by law, RxDirect does share information with certain government agencies. They include:

4. Except as required by law or stated within this privacy notice, with your written authorization, patient-specific, personally identifiable data will be released only when required to provide a service for you. Data is released on the condition that the person receiving the data will not release it further, unless you give permission. You may revoke your authorization in writing at any time.

- RxDirect shares information as previously stated to deliver your prescription services and receive payment.

How - and why - private health information is shared  
RxDirect limits who receives information and what type of information is shared.

Services if you feel RxDirect has not satisfied your needs.

appropriate action to correct any erroneous information as quickly as possible through a standard set of practices and procedures. You also have the right to contact the Secretary of Health and Human Services if you feel RxDirect has not satisfied your needs. Our pharmacist and ask for an accounting of authorized disclosures. RxDirect will take in charge will personally supervise any request. RxDirect will take appropriate action to correct any erroneous information as quickly as possible through a standard set of practices and procedures. You also have the right to contact the Secretary of Health and Human Services if you feel RxDirect has not satisfied your needs.

Keeping private health information accurate

important. If you believe the private health information we have about you is incomplete, inaccurate or not current, please call 1-800-785-4197 or write RxDirect. You may review your private health information, request amendments or additional restrictions and ask for an accounting of authorized disclosures. RxDirect will take in charge will personally supervise any request. RxDirect will take appropriate action to correct any erroneous information as quickly as possible through a standard set of practices and procedures. You also have the right to contact the Secretary of Health and Human Services if you feel RxDirect has not satisfied your needs.

company, communicate with doctor(s) and/or their office staff, and otherwise meet your needs. RxDirect meets strict physical, electronic and procedural security standards to protect personal information.

Visit our website at <http://www.rxdirect.com>  
This notice describes how we may use and disclose your personal information and how you may get access to this information. Please review it carefully. If you have questions about this notice, please contact RxDirect's Office Manager.

Protecting your privacy

your privacy and limit the sharing of information. RxDirect will abide by this notice of privacy, yet if updated the new notice will be in effect from that time forward.

Keeping your private health information secure  
In the course of doing business, RxDirect collects and uses various types of information, such as name, address, and claim information, as well as medical and health information known as Private Health Information.

RxDirect uses this information to accurately process your prescriptions and receive payment for your healthcare services. RxDirect employees are trained to safeguard information during all business practices according to established security standards, procedures, and applicable laws, and access information about you only when necessary to fill your prescriptions, verify eligibility, obtain an authorization, process claims with your insurance

NOTICE OF PRIVACY PRACTICES  
RxDirect's

METHOD of PAYMENT

- ☐ Check ☐ Money Order (Payable to RxDirect) ☐ Please Check Delivery Option
- ☐ Visa ☐ MasterCard ☐ Discover

(Credit Card Number) \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

By signing here, you authorize RxDirect to keep your credit card on file and bill future orders to this credit card.

☐ Check here if you want your credit card to be charged for this order only.

PLEASE CHECK DELIVERY OPTION

- ☐ STANDARD DELIVERY (No Charge: Please allow up to 14 days)
- ☐ FEDEX OVERNIGHT - \$20.00
- ☐ FEDEX 2ND DAY - \$12.00
- ☐ FEDEX 3RD DAY - \$8.00

Any order that ships by FedEx will be shipped after the 2 full business days processing time.

SHIPPING CHARGES ARE SUBJECT TO CHANGE

By returning this form to RxDirect, you authorize the use and the release of information to your plan sponsor, plan administrator, healthcare providers and their agents for use in connection with the management of your health benefits and those of your covered dependents.

Comment Section: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have been provided with a Notice of Privacy Practices that provides a description of the uses and disclosures of certain health information. I understand that RxDirect will abide by the terms of the current notice yet reserves the right to change their Notice of Privacy Practices and that prior to implementation RxDirect will post any changes on their web site at <http://www.rxdirect.com>. I can also request that a copy be mailed to me by calling RxDirect. This notice is given with the understanding that:

1. RxDirect uses private health information to accurately process my prescriptions and receive payment.
2. As is required by law, any and all records are confidential and cannot be disclosed without my prior written authorization, except as previously stated within this notice or provided by law. I may revoke my authorization at any time, except where information has already been released. I have the right to review any authorized disclosures.\*
3. I have the right to review my private health information and request amendments.\*
4. I have the right to request additional restrictions on the use of my private health information.\*
5. If I feel my privacy has been violated, I can complain to RxDirect or the Secretary of Health and Human Services.

\*RxDirect is not bound by the restriction/amendment unless it is in agreement with the restriction/amendment.

Signature of Insurance Cardholder

Printed Name of Insurance Cardholder

Date

FREQUENTLY ASKED QUESTIONS

FOR MORE HELPFUL INFORMATION TO YOUR QUESTIONS, VISIT OUR WEBSITE AT WWW.RXDIRECT.COM

Q. HOW DO YOU GET STARTED?

- A. You must enroll with RxDirect. To Enroll:
- 1. To obtain an enrollment form, visit our website at [www.rxdirect.com](http://www.rxdirect.com). To receive an enrollment by fax or mail, call Customer Service at 1-800-785-4197.
  - 2. Fill out the enrollment form completely.
  - 3. On the back of each new prescription, write the insurance cardholder's policy identification number and the patient's date-of-birth.
  - 4. Enclose a method of payment. (check, money order, Visa, Discover, or MasterCard number)
  - 5. Sign Enrollment Form. Your signature is required in two places: (1) at Method of Payment (2) at the Privacy Disclosure.
  - 6. Mail your enrollment form, new prescription(s), and your method of payment to: **RxDirect, P.O. Box 2470, Texarkana, Texas 75504-2470 or call 1-800-785-4197.**

Q. When will I receive my medication?

A. RxDirect's prescription processing time is 2 full business days after receipt of prescriptions. Please allow up to 14 days for normal postal delivery time. Any order that ships by FedEx will be shipped after the 2 full business days processing time.

Q. How will I know what medications are covered? How much is my co-pay?  
A. RxDirect does not determine what medications are covered by your insurance plan or your co-pay amount. If you would like to know what medications are covered or the amount of your co-pay, contact your insurance provider for more information.

Q. Can my doctor call or fax in my new prescriptions?  
A. Yes, your physician may call 1-800-785-4197 to receive information on phoning or faxing in a prescription to RxDirect. There are a few exceptions in which the original hard copy must be mailed to RxDirect.

Q. My doctor wrote my prescription for a 30-day supply with 2 refills. Will you send me a 30-day supply or a 90-day supply?  
A. A 30-day supply will be sent. The law prohibits pharmacies from dispensing more than the quantity prescribed by the doctor. For the most value from your co-pay, remind your doctor to write the prescription for the maximum days supply your policy will allow.

Q. How long is a prescription valid?  
A. Prescriptions are valid for one year from the date written by your physician. The exception is controlled medication, which is good for 6 months. Some special types of controlled medications are valid for much less time.

Q. How do I know if a medication is a brand or generic?  
A. Many generic medications are available at a significant savings. You may talk with your doctor about the substitution of a generic when possible. RxDirect will always substitute a generic when available unless the doctor specifies, "brand necessary" or dispense as written. If you are not sure if a medication is available in a generic you may call Customer Service at 1-800-785-4197. If you do not want a generic substitution for a specific medication, please note in the Comment Section.

Q. Do I pay for shipping?  
A. No. All orders are shipped FREE as a courtesy of RxDirect, through the US Postal Service. However, you may select to have your order shipped by Federal Express (Overnight, 2nd day, or 3rd day) at your expense.

Q. How do I check to see if my order has shipped?  
A. To check on the status of your order, you may call Customer Service at 1-800-785-4197.

Q. How will my controlled substances be shipped to me?  
A. Shipping a controlled substance from RxDirect is by FedEx 3-day with a signature.

Q. How will my temperature sensitive medications be shipped?  
A. Temperature sensitive medications that require refrigerations are shipped in a Styrofoam box with ice packs. These medications are shipped Monday - Thursday at no additional fee through FedEx for overnight delivery to ensure your medicine arrives within established guidelines.

Q. Do you automatically send my refills?  
A. No. There are four ways to request a refill:

- 1. Mail in your reorder form or a brief letter listing prescription numbers
- 2. Fax (903) 735-4011
- 3. Telephone (800) 785-4197
- 4. Internet, our internet address is [www.rxdirect.com](http://www.rxdirect.com)

Remember, all orders must be paid in full before being shipped.

Q. Can I return my medication?  
A. No. The law prohibits the return of any medication once it has left the pharmacy.

Q. I have an existing prescription; can I transfer it?  
A. We will make every effort to transfer your prescription or call your physician for a new prescription. However, you could experience delays. Sending a new prescription is the quickest way to receive your medication, because we can begin processing immediately. To transfer a prescription, please provide the following information:

- 1. Prescription Number (Rx#)
- 2. Drug Name(s)
- 3. Pharmacy Name
- 4. Pharmacy telephone number
- 5. Doctor's Name
- 6. Doctor 's telephone number
- 7. Current Quantity

A TRANSFERRED PRESCRIPTION HAS THE SAME QUANTITY AS THE ORIGINAL PRESCRIPTION.

Q. Can RxDirect provide easy – open caps for the prescription bottle?  
A. All of RxDirect's prescription bottles have safety caps for shipping. However, these caps can be adjusted to allow easy open access. Please call our customer service for instructions.

Q. What do I do if a Prior Authorization (PA) is needed for one of my prescriptions?  
A. A Prior Authorization maybe required for multiple reasons, some reasons are: dosage limit, drug not covered on preferred drug list of benefit plan, and age restrictions. RxDirect will fax the P.A. form to your physician for completion. After the form is completed by your physician and faxed to the Prescription Benefits Manager (PBM) for their review. The PBM decision of the P.A. will be sent to the physician to notify you of the outcome. RxDirect will send your prescription after we have been notified of the approval. For more information, contact your PBM.

NEED HELP? CALL 1-800-785-4197

Please fill out this form

PRIMARY MEMBER ID (if different than below ss #)

EMPLOYER NAME:

PRIMARY FAMILY MEMBER

Last Name: M.I.: First Name: Sex: M / F

Date of Birth: / / Drivers License#: SSN:

Address: Email:

City: State: Zip Code:

Home Phone: Work Phone:

Physician's Name: Physician's Phone:

Drug Allergies (Please List):

Diseases (i.e. asthma):

SPOUSE

Last Name: M.I.: First Name: Sex: M / F

Date of Birth: / / Drivers License#: SSN:

Email: Physician's Name: Physician's Phone:

Drug Allergies (Please List):

Diseases (i.e. asthma):

DEPENDENT

Last Name: M.I.: First Name: Sex: M / F

Date of Birth: / / Drivers License#: SSN:

Email: Physician's Name: Physician's Phone:

Drug Allergies (Please List):

Diseases (i.e. asthma):

DEPENDENT

Last Name: M.I.: First Name: Sex: M / F

Date of Birth: / / Drivers License#: SSN:

Email: Physician's Name: Physician's Phone:

Drug Allergies (Please List):

Diseases (i.e. asthma):