

Refill Prescription Order Form

MedsCheck



Mail this form to: PrimeMail® PO Box 650041 Dallas, TX 75265-0041 For faster service: Visit www.bcbsil.com or call 877.357.7463 TTY 711

Llame la farmacia de PrimeMail en 877.357.7463 o el registro sobre nuestro sitio del web en www.bcbsil.com

CARD HOLDER INFORMATION							
Card Holder's ID	Card Holder's Date of Birth (mm/dd/yyyy)						
Card Holder's Last Name		Card I	Holder's First Na	me MI			
Patient's Last Name (if different tha	n card holder's last name)	Patient's First Na	me	MI			
Patient's Gender: () Male () Fema	Patient's Date of Birth (m	nm/dd/yyyy) Pa	atient's Phone No	umber			
Patient's Permanent Address							
City		State Zip C	Code				
Patient's E-mail Address							
			Contact by: () E	:-mail () Phone			
DRUG ALLERGIES	HEALTH COND	ITIONS					
O None O Codeine O S	Sulfa () Arthritis () Dia	abetes () Glau	ucoma () I	High cholesterol			
○ Aspirin ○ Erythromycin ○ P	Penicillin Asthma De	epression () Hea	rt condition () I	Hypertension			
() Other							
REFILL BY MAIL							
Drug Name	Physician/Prescriber's Name & I	Phone Number	Prescript	tion Number			
Total Number of Prescriptions:							

SHIPPING INFORMATI	ON				
Regular: No charge	O Second busin	ness day:	\$15*	Next business day: \$22	* *Additional costs charged to you.
Shipping time does not	include processin	g time. Sh	nipping price	s are subject to change).
We are unable to ship sed	cond business day o	or next bus	siness day ord	lers to PO boxes.	
Shipping address must be	e a physical location	١.			
Alternate Shipping Addres	ss (if different than p	ermanent	address)		
City		State	Zip Code	Phone Number	
() This is a change of add	dress () This is	s a one tim	ne address	() Seasonal address f	rom to
PAYMENT INFORMATI	ON				
Payment is due with each may delay processing. Th				k or money order. Orders	received without payment
Check or money order Please make check or mo include your member ID o				nd Check	() Money Order
Credit card information To authorize payment by MasterCard, VISA and Anotherwise.					
Credit Card Number			Expiration Da	te	
O Use credit card on file,	with the last 4 digits	s of:			
Signature				Date	
Di-				FDA	

Pharmacy law may permit pharmacists to substitute a less expensive FDA-approved generically equivalent medication for a brand-name medication unless you or your prescriber indicate otherwise. Some health plans require the patient to pay the difference between generic and brand name cost.

By returning this form to PrimeMail, you consent to the release and use of the patient's health information to the patient's health plans and health care providers/agents for health benefits management. Prime Therapeutics' use or disclosure of individually identifiable health information, whether furnished by you or obtained from other sources such as medical providers, shall be in accordance with federal privacy regulations under HIPAA (Health Insurance Portability and Accountability Act of 1996).

PrimeMail may contact your physician for clarification and safety purposes, which may result in your physician prescribing a different, clinically appropriate product.

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