



Member ID number			
(Additional coverage, if applicable) Secondary member ID number			
Last name		First name	MI
Delivery address			Apt. #
City	State	Zip code	
Phone number with area code			
Date of birth (mm/dd/yyyy)	Email address		
Physician name			
Physician phone number with area code			

Medication allergies:	☐ Aspirin	☐ Erythromycin	☐ Quinolones	☐ Others:_____
☐ None known	☐ Cephalosporins	☐ NSAIDs	☐ Sulfa	_____
☐ Amoxil/Ampicillin	☐ Codeine	☐ Penicillin	☐ Tetracyclines	_____
Health conditions:	☐ Asthma	☐ Glaucoma	☐ High cholesterol	☐ Others:_____
☐ None known	☐ Cancer	☐ Heart condition	☐ Osteoporosis	_____
☐ Arthritis	☐ Diabetes	☐ High blood pressure	☐ Thyroid disease	_____

3. Payment and shipping information – do not send cash

Visit the website listed on your member ID card to check drug pricing before sending payment. Once shipped, medications may not be returned for a refund or adjustment.

- Visa, MasterCard, AMEX
and Discover are accepted.

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize Optum Rx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

