

Fill your prescriptions with home delivery.

How it works

- 1 Order a 3-month supply** of your maintenance medications — ones you take regularly.
- 2 OptumRx® home delivery fills your order**, mails it to you and lets you know when to expect your delivery.
- 3 Your medication arrives** within 4 to 7 days of placing the order. OptumRx home delivery will notify you if there will be a delay in your order.

Four easy ways to enroll:

- ePrescribe** Your doctor can send an electronic prescription to OptumRx home delivery.
- Online** Log in to your member account at harvardpilgrim.org. Click “Check drug coverage & costs” to go to an OptumRx page where you can set up your mail order account.
- Phone** Call **(855) 258-1561**. For TTY service, call **711**.
- Mail** Complete the attached order form and mail it to **OptumRx, P.O. Box 2975, Mission, KS 66201**.

The benefits of home delivery



Your medication is delivered right to your mailbox, saving you a trip to the pharmacy.



Your maintenance medication could cost less.



Pay nothing for standard shipping.



Phone, text* and email reminders help you remember every dose and every refill.

Manage your medication home delivery on the go.

Starting January 1, 2020, order and track your prescriptions online at harvardpilgrim.org/rx or download and open the OptumRx app.

* OptumRx home delivery provides this service at no additional cost. Standard message and data rates charged by your carrier may apply.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at optum.com.

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NEW PRESCRIPTION MAIL-IN ORDER FORM

1 Member and physician information — please use black or blue ink. One form per member.

Member ID Number		
(Additional coverage, if applicable) Secondary Member ID Number		
Last Name	First Name	MI
Delivery Address		Apt. #
City	State	ZIP
Phone Number with Area Code		
Date of Birth (mm/dd/yyyy)	Gender <input type="radio"/> M <input type="radio"/> F	Email
Physician Name		
Physician Phone Number with Area Code		

2 Health history

Medication Allergies:

<input type="radio"/> Aspirin	<input type="radio"/> Erythromycin	<input type="radio"/> Quinolones	<input type="radio"/> Others:
<input type="radio"/> None known	<input type="radio"/> Cephalosporins	<input type="radio"/> NSAIDs	<input type="radio"/> Sulfa
<input type="radio"/> Amoxicil/Ampicillin	<input type="radio"/> Codeine	<input type="radio"/> Penicillin	<input type="radio"/> Tetracyclines

Health Conditions:

<input type="radio"/> Asthma	<input type="radio"/> Glaucoma	<input type="radio"/> High cholesterol	<input type="radio"/> Others:
<input type="radio"/> None known	<input type="radio"/> Cancer	<input type="radio"/> Heart condition	<input type="radio"/> Osteoporosis
<input type="radio"/> Arthritis	<input type="radio"/> Diabetes	<input type="radio"/> High blood pressure	<input type="radio"/> Thyroid Disease

Over-the-counter/herbal medications taken regularly:

3 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 optumrx.com to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.

Ship overnight. Add \$12.50 to order amount (subject to change).

Check enclosed. All checks must be signed and made payable to: OptumRx.

Charge to my credit card on file.

Charge to my NEW credit card.

New Credit Card Number

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Expiration Date (Month/Year)

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Visa, MasterCard, AMEX and Discover are accepted.

Signature: _____

Date: _____

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 OptumRx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

4 Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 2975, Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

