



# 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 www.harvardpilgrim.org.

Click "Check drug coverage & costs" to go to an  $\mathsf{OptumRx}$ 

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.

# Manage your medication home delivery on the go.

Starting January 1, 2020, order and track your prescriptions online at **www.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 New England and HPHC Insurance Company.

### 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.

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 Membe	er and ph	ysician	inform	natio	n — pleas	e use	blac	k or blue	ink. (	ne for	m per	member.	
Member ID No	umber												
(Additional co	verage, if app	olicable) S	econdary	Memb	er ID Numbe	r							
Last Name					First Name						M	I	
Delivery Addre	ess		I.					Aj	pt. #				
City					State			ZIP					
Phone Numbe	er with Area (	Code											
Date of Birth (mm/dd/yyyy)			Gender O M C										
Physician Name													
Physician Phor	Physician Phone Number with Area Code												
Health	history					1							
Medication Allergies: O Aspirin O None known O Cephalos O Amoxil/Ampicillin O Codeine						O Quinolones O Sulfa O Tetracyclines		O Oth	ers:				
	Health Conditions: O None known O Arthritis O Asthma O Cancer O Diabetes		O He		laucoma eart condition igh blood pressure		O High cholesterol O Osteoporosis O Thyroid Disease		O Oth	ers:			
Over-the-cou			ons takeı		· · · · · · · · · · · · · · · · · · ·		, -						
3 Payme	Payment and shipping information — do not send cash												
Standard deliv order is receive extended dela	ed. Complete	d refill ord	ers should										
You may log on to <b>optumrx.com</b> 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).					New Credit Card Number								
Check enclosed. All checks must be signed and made payable to: OptumRx.				Expiration Date (Month/Year)					/isa, MasterCard, AMEX nd Discover are accepted.				
<ul><li>○ Charge to my credit card on file.</li><li>○ Charge to my NEW credit card.</li></ul>										ina discov	er are ac	сертей.	
Signature:										Date:			
For new prescription related to prescription payment metals.	cription order	rs. By supp <b>r future c</b> l	lying my narges. To	credit o o modi	card number, fy payment se	<b>I autho</b> election,	<b>rize O</b> , conta	<b>ptumRx to</b> ct customer	<b>maintai</b> service a	<b>n my cre</b> o t any time	dit card (	on file as	
🛂 Mail th	nis comple	eted or	der for	m w	ith your r	new p	rescr	ription(s)	to Op	otumRx	i, P.O. I	Box 2975,	

Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.