HOME DELIVERY ORDER FORM





1 Member information: Please verify or provide me	mber information below.				
Member ID:	☐ Please send me e-mail notices about the status of the enclosed prescription(s) and online ordering at:				
Name: Street Address: Street Address:	New shipping address: (Express Scripts will keep this address on file for all orders from this membership until another shipping address is provided by any person in this membership. Evening phone:				
Street Address: City, ST, ZIP:					
Daytime phone:					
Patient/doctor information: Complete one section prescriptions from more than one doctor, complete a back). Send all prescriptions in one envelope.	n for each person with a prescription. If a person has new section for each doctor (additional sections are on				
First name Last nar	me				
	's relationship to member ☐ Spouse ☐ Dependent				
Doctor's last name	1st initial Doctor's phone number				
First name Last name	me				
	's relationship to member ☐ Spouse ☐ Dependent				
Doctor's last name	1st initial Doctor's phone number				
payable to Express Scripts, and write your member ID	money order, or credit card. Make checks and money orders number on the front. You can enroll for e-check payments Member Services phone number found on your ID card.				
Number of prescriptions sent with this order:					
Payment options: □e-check □Payment enclosed □	Credit card □Send bill				
For credit card payments: ☐ Visa ☐ MC ☐ Discover ☐ Amex ☐ Diners	Credit card number				
Expiration date M M Y Y Cardholder signature	I authorize Express Scripts to charge this card for all orders from any person in this membership.				
Rush the mailing of this shipment (\$21, cost subject not the processing of your order. Street address is a					

STLT2NWB

First name		Last nar	ne					
Birth date (MM/DD/YYYY)	Sex	Patient'	s relation	ship to mer	nber			
	☐ Self ☐ Spouse ☐ Dependent							
Doctor's last name				1st initial	Doctor's	s phone	number	
First name		Last nar	ne					
Birth date (MM/DD/YYYY)	Sex □ M □ F			ship to mer se				
Doctor's last name				1st initial	Doctor's	s phone	number	
Important reminders and o	other information	on						
generic drugs. Complete the Health, Allergy & Normality There may be a limit to the base on your account. If this order take must include payment. Avoid delechecks or a credit card. (See See of you are a Medicare Part Bayerivate health insurance, check benefit materials to determine the Medicare Part Bayerices at the phone number for verify Medicare Part Bayers. To verify Medicare Part Bayers.	elance that you can es you over the limi ays in processing by ction 3 for details.) beneficiary AND I ck your prescription the best way to get blies. Or, call Memb ound on your ID ca	carry t, you v using have n drug er er	substitute brand-nar Check th brand or Please no any refills For addit Express-S	ylvania and Te e a less expen- me drug unles e box if you generic dru te that this ap of that prescritional inforn cripts.com or jound on you 9.1089.	sive gener s you or yo do not v g. oplies only ription. nation or call Mem	ric equivale our doctor wish a les to new pro- help, visit ber Service	ent for a directs or s expension rescription us at the set of the	therwise. sive ns and to e phone

Place your prescription(s), this form, and your payment in an envelope. Do not use staples or paper clips.

EXPRESS SCRIPTS PO BOX 66567 ST. LOUIS, MO 63166-6567