## Magellan Rx Pharmacy Home Delivery Order Form

1	Member and physician info	ormation Please	use black or blu	ue ink. One form per r	nember.					
1	Member ID Number					Gende	er	М	F	
	Last Name			First Name			MI			
	Delivery Address					Apt. #				
	ty State Zip Code				Phone Number (list in order of preference)				ence)	
	Date of Birth	irth Email Address							rcle one) HW	
	/ / / Physician Name Physician Phone Numb			. ()			M	H W		
	( )			()			M H W			
2	Health history		Best time to be reached: AM PM							
	Medication Allergies:									
3	Refills To order home delivery refills, enter your prescription number(s):									
	1:	3:_		4:						
	5:	b:	/:_		8:					
Pharmacy processing  Generic substitution: FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless you or your physician indicate otherwise.										
	Brand-name medications may be subject to a higher cost. Generic equivalents are usually less expensive than brand name drugs. If we dispense a brand name drug, you may be responsible for a higher copayment and/or the difference between the brand and generic price of each drug. If allowed by your prescriber, we will dispense a generic equivalent unless you check this box.     I do not accept a generic equivalent.									
	Notes to Dharmasu.									
	Notes to Pharmacy:									
Payment and shipping information Do not send cash.										
	Standard delivery is included at no charge. Most prescription orders arrive within 7 days from the date your order is received. We will contact you if there is an extended delay in delivering your medications. Please call 800-424-8274 (TTY 711) if you have any questions. Once shipped, medications may not be returned for a refund or adjustment. Visit www.magellanrx.com/member/forms to download additional order forms.  Ship overnight (additional charges will apply). Please call to verify pricing. No P.O. BOX overnight shipping.  Check enclosed. All checks must be signed and made payable to Magellan Rx Pharmacy.									
	Charge to my NEW credit card. Charge to my credit card on file.									
	authorize Magellan Rx to charge the following amount to my credit/debit card without prior notification:  up to \$150									
	or 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 by credit card number, I authorize Magellan Rx Pharmacy to maintain my credit card on file as payment method for any future charges. To modify payment selection, ustomer Service can be contacted at any time at 800-424-8274 (TTY 711).									
Cardholder Signature: Date:										
	Credit card number (VISA®, MasterCard®,	Discover®, or American	Express®are accepte	ed) and expiration date (mont	h/year)					
6 Complete your order form										
	Mail this completed order form with your new prescription(s) to Magellan Rx Pharmacy, P.O. Box 620968, Orlando, FL 32862. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.									