

## Home Delivery Order Form

Date of birth Email address () M H V	Member ID number	Gender					
State   ZIP Code   Phone number (list in order of preference)   Circle on	Last name First name					МІ	
Date of birth   Email address	Delivery address		·			Apt.#	
Physician name    Physician phone number	State State			Code	Phone number (list in orde	er of preference) (circle one)	
Physician name		Email add	ress				
Health history	Physician name			e number			
Anoptil/Ampleillin   Erythromycin   None known   Atthritis   Glaucoma   None known   Aspirin   NsAlDs   Sulfa   Asthma   Heat condition   Osteoprosis   Cephalosporins   Penicillin   Tetracyclines   Clancer   High blood pressure   Thyroid disease   Cladeine   Others:   Olabetes   High cholesterol   Others:   Others:   Olabetes   High cholesterol   Others:   Other	Health history		,		Best time to be reached:		
t:	☐ Amoxil/Ampicillin ☐ Aspirin ☐ Cephalosporins ☐ Codeine	☐ NSAIDs ☐ Penicillin ☐ Quinolones	Sulfa Tetracyclines Others:	☐ Arthritis ☐ Asthma ☐ Cancer ☐ Diabetes	☐ Glaucoma ☐ Heart condition ☐ High blood pressu ☐ High cholesterol	☐ Osteoporosis  Ire ☐ Thyroid disease	
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 drugs 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 copay and/or the difference between the brand and generic price of each drug. If allowed by your prescriber, we will dispense a generic equivalent.  Keep on file: If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here:  Notes to pharmacy:  BINIYCD/RXGRP = 017449/YALE/PRXYAL  Payment and shipping information Do not send cash.  Standard delivery is included at no charge. Most prescription orders arrive within seven days from the date your order is received. We will contact you if there is an extended delay in delivering your medicine. Please call 800.424.8274 (TTY 711) if you have any questions. Once shipped, medicine may not be returned for a refund or adjustment. Visit PrimeTherapeutics.com/PatientForms to download additional order forms.  Ship overnight (additional charges will apply). Please call to verify pricing.  No P.O. Box overnight shipping.  Charge to my new credit card.  I authorize Prime Therapeutics Pharmacy to charge the following amount to my credit/debit card without prior notification:  up to \$150	Refills To order	home delivery refi	ls, enter your pre	escription number(s	):		
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 drugs 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 copay 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 I do not accept a generic equivalent.  Keep on file: If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here:  Notes to pharmacy:  BIN/PCN/RXGRP = 017449/YALE/PRXYAL.  Payment and shipping information Do not send cash.  Standard delivery is included at no charge. Most prescription orders arrive within seven days from the date your order is received. We will contact you if there is an extended delay in delivering your medicine. Please call 800.424.8274 (TTY 711) if you have any questions. Once shipped, medicine may not be returned for a refund or adjustment. Visit PrimeTherapeutics.com/PatientForms to download additional order forms.    Ship overnight (additional charges will apply). Please call to verify pricing.   Check enclosed. All checks must be signed and made payable to No P.O. Box overnight shipping.    Charge to my new credit card.   Charge to my credit card on file.  I authorize Prime Therapeutics Pharmacy to charge the following amount to my credit/debit card without prior notification:   up to \$150							
Generic substitution: FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless you or your physician indicate otherwise. Brand-name drugs 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 copay and/or the difference between the brand and generic price of each drug. If allowed by your prescriber, we will dispense a generic equivalent.  Keep on file: If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here:  Notes to pharmacy:  BIN/PCN/RXGRP = 017449/YALE/PRXYAL  Payment and shipping information  Do not send cash.  Standard delivery is included at no charge. Most prescription orders arrive within seven days from the date your order is received. We will contact you if there is an extended delay in delivering your medicine. Please call 800.424.8274 (TTY 711) if you have any questions. Once shipped, medicine may not be returned for a refund or adjustment. Visit PrimeTherapeutics.com/PatientForms to download additional order forms.  Ship overnight (additional charges will apply). Please call to verify pricing.  heck enclosed. All checks must be signed and made payable to Prime Therapeutics Pharmacy.  Charge to my new credit card.  here to have been defined by the prime Therapeutics Pharmacy.  Charge to my redit card on file.  I authorize Prime Therapeutics Pharmacy to charge the following amount to my credit/debit card without prior notification:  yo to \$100.  Yer of the prime Therapeutics Pharmacy to charge the following amount to my credit card without prior notification:  yo to \$100.  Yer of the prime Therapeutics Pharmacy to charge the following amount to my credit card without prior notification:  yo to \$100.  Yer of the prime Therapeutics Prime Therapeutics Pharmacy to maintain my credit card on file as payment method for any future charges. To modify payment selection, customer service	5:	6:		7:	8:		
Payment and shipping information  Do not send cash.  Standard delivery is included at no charge. Most prescription orders arrive within seven days from the date your order is received. We will contact you if there is an extended delay in delivering your medicine. Please call 800.424.8274 (TTY 711) if you have any questions. Once shipped, medicine may not be returned for a refund or adjustment. Visit PrimeTherapeutics.com/PatientForms to download additional order forms.  Ship overnight (additional charges will apply). Please call to verify pricing. No P.O. Box overnight shipping.  Charge to my new credit card.  Charge to my credit card on file.  I authorize Prime Therapeutics Pharmacy to charge the following amount to my credit/debit card without prior notification:  up to \$150  up to \$250  up to \$ (other amount greater than \$250)  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 Prime Therapeutics Pharmacy to maintain my credit card on file as payment method for any future charges. To modify payment selection, customer service can be contacted at any time at 800.424.8274 (TTY 711).  Cardholder signature:  Date:	Keep on file: If you are inclu  Notes to pharmacy:	ding any prescriptions th			ter date, please list them here:		
Standard delivery is included at no charge. Most prescription orders arrive within seven days from the date your order is received. We will contact you if there is an extended delay in delivering your medicine. Please call 800.424.8274 (TTY 711) if you have any questions. Once shipped, medicine may not be returned for a refund or adjustment. Visit PrimeTherapeutics.com/PatientForms to download additional order forms.  Ship overnight (additional charges will apply). Please call to verify pricing. No P.O. Box overnight shipping.  Charge to my new credit card.  Charge to my credit card on file.  I authorize Prime Therapeutics Pharmacy to charge the following amount to my credit/debit card without prior notification:  up to \$150  up to \$250  up to \$  (other amount greater than \$250)  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 Prime Therapeutics Pharmacy to maintain my credit card on file as payment method for any future charges. To modify payment selection, customer service can be contacted at any time at 800.424.8274 (TTY 711).  Cardholder signature:  Date:		· · · · · · · · · · · · · · · · · · ·	Do not send ca	ash.			
No P.O. Box overnight shipping.  Prime Therapeutics Pharmacy.  Charge to my new credit card.  Charge to my credit card on file.  I authorize Prime Therapeutics Pharmacy to charge the following amount to my credit/debit card without prior notification:  up to \$150 up to \$250 up to \$ (other amount greater than \$250)  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 Prime Therapeutics Pharmacy to maintain my credit card on file as payment method for any future charges. To modify payment selection, customer service can be contacted at any time at 800.424.8274 (TTY 711).  Cardholder signature:  Date:			escription orders arri		the date your order is received. We	e will contact you if there is an	
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up to \$150 up to \$250	extended delay in deliverin adjustment. Visit <b>PrimeThe</b> Ship overnight (addition	rapeutics.com/Patient	Forms to download a	additional order forms.	nclosed. All checks must be signed	•	
supplying my credit card number, I authorize Prime Therapeutics Pharmacy to maintain my credit card on file as payment method for any future charges. To modify payment selection, customer service can be contacted at any time at 800.424.8274 (TTY 711).  Cardholder signature:  Date:	extended delay in deliverin adjustment. Visit <b>PrimeThe</b> Ship overnight (addition No P.O. Box overnight sh	rapeutics.com/Patient al charges will apply). Pl pipping.	Forms to download a	additional order forms.  Cing.	nclosed. All checks must be signed herapeutics Pharmacy.	•	
	extended delay in deliverin adjustment. Visit <b>PrimeThe</b> Ship overnight (addition No P.O. Box overnight sharge to my new credit authorize Prime Therapeus)	erapeutics.com/Patient al charges will apply). Pl alpping. t card. tics Pharmacy to charge	Forms to download a ease call to verify prior the following amoun	additional order forms.  Cing.	nclosed. All checks must be signed nerapeutics Pharmacy. o my credit card on file. without prior notification:	•	
Credit card number (VISA®, MasterCard®, Discover® or American Express® are accepted) and expiration date (month/year)	extended delay in deliverin adjustment. Visit PrimeThe Ship overnight (addition No P.O. Box overnight ship Charge to my new credi I authorize Prime Therapeu up to \$150  For new prescription order supplying my credit card no	al charges will apply). Plaipping. t card. tics Pharmacy to charge up to \$250 s and maintenance refills umber, I authorize Prime	Forms to download a case call to verify price the following amound up, this credit card will I Therapeutics Pharma	additional order forms.  Check er Prime Th Charge t t to my credit/debit card v to \$ (other are one billed for copay/coinsulacy to maintain my credit of	nclosed. All checks must be signed nerapeutics Pharmacy. o my credit card on file. without prior notification: mount greater than \$250) rance and other such expenses rela	and made payable to ated to prescription orders. By	
	extended delay in deliverin adjustment. Visit PrimeThe  Ship overnight (addition No P.O. Box overnight ship Charge to my new credit authorize Prime Therapeu up to \$150  For new prescription order supplying my credit card no payment selection, custom	al charges will apply). Plaipping. t card. tics Pharmacy to charge up to \$250 s and maintenance refills umber, I authorize Prime	Forms to download a case call to verify price the following amound up, this credit card will I Therapeutics Pharma	additional order forms.  Check er Prime Th Charge t t to my credit/debit card v to \$ (other are one billed for copay/coinsulacy to maintain my credit of	nclosed. All checks must be signed herapeutics Pharmacy. o my credit card on file. without prior notification: mount greater than \$250) rance and other such expenses relacard on file as payment method for	and made payable to ated to prescription orders. By	

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