aetna[®] **Medication Order Form** Aetna Rx Home Delivery®

| | | Mail this form to: | |
|---|--|---|--|
| Enter ID number Prescription Plan Sponso | r or Company Name | AETNA RX HO | - |
| Please use blue or black | cink, capital letters, and fil | I in both sides of this | form. |
| Refills - Order by Web, pl For Fastest Service, order refi | I your new prescriptions wit none, or write in Rx number(Ils at www.aetnanavigator.com our doctor may fax your prescription | s) below. Nur r call toll-free 1-888-RX AET | mber of New prescriptions: mber of Refill prescriptions: nA (1-888-792-3862), or TDD (for hearing a doctor may fax a prescription. |
| Last Name | | First Name | MI Suffix (JR, SR) |
| Street Name | | Apt./Suite | Use this address for this order only. |
| City | | State | ZIP Code |
| Daytime Phone #: | | Evening Phone #: | |
| B Refills. To order mail s | service refills, enter your pre | escription number(s) he | ere. |
| 1) | 2) | 3) | 4) |
| 5) | 6) | 7) | 8) |

Aetna wants to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for Brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions including drug names, use the "Special instructions" section of this form.

All claims for prescriptions sent to Aetna Rx Home Delivery using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.

We may package all of these prescriptions together unless you tell us not to.

Please Note: By submitting this form you verify that the information is correct, that the prescriptions enclosed are for use by eligible participants and authorize the release of all information to the Plan Sponsor, administrator, or underwriter. All communications regarding this account will be directed to the member (employee/retiree). If a spouse or other eligible dependent wishes to direct their communications to an alternate address or telephone number, they may make this request by completing the Confidential Communications Request form provided in the Privacy Notice, or as available on our website.



| Other: 2nd person with a refill or new prescription. This person needs: Spanish forms and late Spanish form Spanish forms and late Spanish form Spanish forms and late Spanish form Spanish forms and late Spanish forms and late Spanish form Spanish forms and late Spanish f | Last Name | n. This person needs: | ○ Spanish forms and labe |
|---|---|--|---|
| Conder: M F Date of Birth: Date new prescription written: | | First Name | |
| Your E-Mail: Doctor's Last Name Doctor's First Name Doctor's Phone # Tell us about new allergies or health information for this person. Only tell us about new information. Allergies: None Aspirin Cephalosporin Codeine Erythromycin Peanuts Penic Other: Health Information: Arthritis Asthma Diabetes Acid Reflux Glaucoma Heart Proble Other: Health Information: Arthritis Asthma Diabetes Acid Reflux Glaucoma Heart Proble Other: Indepenson with a refill or new prescription. This person needs: Spanish forms and late Information for new prescription. This person needs: Spanish forms and late Information for new prescription. This person needs: Spanish forms and late Information for new prescription written: Doctor's Last Name Doctor's First Name Doctor's Last Name Doctor's First Name Doctor's Phone # Tell us about new allergies or health information for this person. Only tell us about new information. Allergies: None Aspirin Cephalosporin Codeine Erythromycin Peanuts Penic Other: Special Instructions: High Cholesterol Migraine Osteoporosis Prostate Issues Thyrological Instructions: How would you like to pay for this order? Fill in the oval to choose a payment. Electronic Check. Pay from your bank account. First time users register online or call Customer Care. Electronic Check. Pay from your bank account. First time users register online or call Customer Care. Electronic Check. Pay from your bank account. First time users register online or call Customer Care. Electronic Check. Pay from your bank account. First time users register online or call Customer Care. Electronic Check. Pay from your bank account. First time users register online or call Customer Care. Electronic Check. Pay from your bank account. First time users register online or call Customer Care. Electronic Check. Pay from your bank account. First time users register online or call Customer Care. Electronic Check. Pay from your bank account. First time users register online or call Customer Care. Electronic Check. Pay from your bank accoun | | Date of Birth | n: |
| Tell us about new allergies or health information for this person. Only tell us about new information. Allergies: None | - Contract of the contract of | <u> </u> | |
| Allergies: None | Doctor's Last Name Doc | ctor's First Name | Doctor's Phone # |
| High Blood Pressure High Cholesterol Migraine Osteoporosis Prostate Issues Thyro Other: 2nd person with a refill or new prescription. This person needs: | Allergies: None Aspirin Ceph | • | |
| Suffix (JR,SR) Suff | ○ High Blood Pressure ○ High Cholest | erol () Migraine () (| Osteoporosis O Prostate Issues O Thyroi |
| Gender: M F Date of Birth: | | - | ○ Spanish forms and labe |
| Your E-Mail: Doctor's Last Name Doctor's First Name Doctor's First Name Doctor's Phone # Tell us about new allergies or health information for this person. Only tell us about new information. Allergies: ○ None ② Aspirin ② Cephalosporin ② Codeine ② Erythromycin ② Peanuts ② Penic ③ Sulfa ② Other: Health Information: ○ Arthritis ③ Asthma ② Diabetes ③ Acid Reflux ③ Glaucoma ④ Heart Proble ④ High Blood Pressure ④ High Cholesterol ④ Migraine ② Osteoporosis ② Prostate Issues ③ Thyro Other: Special Instructions: How would you like to pay for this order? Fill in the oval to choose a payment. Electronic Check. Pay from your bank account. First time users register online or call Customer Care. ☑ BillMeLater Works like a credit card. First time users register online or call Customer Care. ☑ Bill In this oval to use your card on file. ☐ Fill in this oval to use your card on file. ☐ Fill in this oval to use a new card or to update your card expiration date. ☐ Exp.Date ☐ MMYY Check or Money Order. Amount: \$ ☐ Credit Card Holder Signature/Date Regular delivery is free and will take 10 to days from the day you send this form. If you want faster delivery, chooses: ☐ 2nd Business Day (\$17) Business days from the day you send this form. If you want faster delivery, chooses: ☐ 2nd Business Day (\$23) Monday-Friendle Poster of future orders unless you provide another form of payment. | | First Name | |
| Pour E-Mail: Date new prescription written: Doctor's Last Name Doctor's First Name Doctor's Phone # Tell us about new allergies or health information for this person. Only tell us about new information. Allergies: None Aspirin Cephalosporin Codeine Erythromycin Peanuts Penic Other: Health Information: Arthritis Asthma Diabetes Acid Reflux Glaucoma Heart Proble High Blood Pressure High Cholesterol Migraine Osteoporosis Prostate Issues Thyre Other: Special Instructions: How would you like to pay for this order? Fill in the oval to choose a payment. Electronic Check. Pay from your bank account. First time users register online or call Customer Care. ✓ BillMeLater' Works like a credit card. First time users register online or call Customer Care. ✓ Brill in this oval to use your card on file. Fill in this oval to use a new card or to update your card expiration date. Fill in this oval to use a new card or to update your card expiration date. ✓ Check or Money Order. Amount: \$ Make check or money order out to Aetna Rx Home Delivery. Write your Aetna Member ID number on your check or money order. ✓ If your check is returned, we will charge you up to \$40. Payment for balance due and future orders: If you chose electronic check, Bill Me Later's, or a credit or debit card, we will also use it to pay for any balance that you owe and for future orders unless you provide another form of payment. | | Date of Birth | |
| Tell us about new allergies or health information for this person. Only tell us about new information. Allergies: None | | | |
| Tell us about new allergies or health information for this person. Only tell us about new information. Allergies: None | Doctor's Last Name | ctor's First Namo | Doctor's Phone # |
| Allergies: None | | | |
| How would you like to pay for this order? Fill in the oval to choose a payment. Electronic Check. Pay from your bank account. First time users register online or call Customer Care. BillMeLater* Works like a credit card. First time users register online or call Customer Care. Credit or Debit Card. (VISA®, MasterCard®, Discover®, American Express®, including FSA/HRA/HSA debit cards). Fill in this oval to use your card on file. Fill in this oval to use a new card or to update your card expiration date. Exp.Date MMYY Check or Money Order. Amount: \$ MMYY Credit Card Holder Signature/Date Regular delivery is free and will take 10 to days from the day you send this form. If you want faster delivery, choose: 2nd Business Day (\$17) Business Day (\$17) Business Day (\$23) Monday-Friendle State delivery is for shipping time, not processing to Faster delivery is for shipping time, not processing to the pay for any balance that you owe and for future orders unless you provide another form of payment. | ^ ~ (1 | | |
| Electronic Check. Pay from your bank account. First time users register online or call Customer Care. ✓ BillMeLater* Works like a credit card. First time users register online or call Customer Care. ✓ Credit or Debit Card. (VISA®, MasterCard®, Discover®, American Express®, including FSA/HRA/HSA debit cards Fill in this oval to use your card on file. ✓ Fill in this oval to use a new card or to update your card expiration date. ✓ Check or Money Order. Amount: \$ ✓ Make check or money order out to Aetna Rx Home Delivery. ✓ Write your Aetna Member ID number on your check or money order. ✓ If your check is returned, we will charge you up to \$40. Payment for balance due and future orders: If you chose electronic check, Bill Me Later®, or a credit or debit card, we will also use it to pay for any balance that you owe and for future orders unless you provide another form of payment. | Special Instructions: | | |
| Electronic Check. Pay from your bank account. First time users register online or call Customer Care. ✓ BillMeLater* Works like a credit card. First time users register online or call Customer Care. ✓ Credit or Debit Card. (VISA®, MasterCard®, Discover®, American Express®, including FSA/HRA/HSA debit cards Fill in this oval to use your card on file. ✓ Fill in this oval to use a new card or to update your card expiration date. ✓ Check or Money Order. Amount: \$ ✓ Make check or money order out to Aetna Rx Home Delivery. ✓ Write your Aetna Member ID number on your check or money order. ✓ If your check is returned, we will charge you up to \$40. Payment for balance due and future orders: If you chose electronic check, Bill Me Later®, or a credit or debit card, we will also use it to pay for any balance that you owe and for future orders unless you provide another form of payment. | How would you like to pay for this order | ? Fill in the oval to cho | ose a payment. |
| Credit or Debit Card. (VISA®, MasterCard®, Discover®, American Express®, including FSA/HRA/HSA debit cards) Fill in this oval to use your card on file. Fill in this oval to use a new card or to update your card expiration date. Exp.Date MMYY Check or Money Order. Amount: \$ Make check or money order out to Aetna Rx Home Delivery. Write your Aetna Member ID number on your check or money order. If your check is returned, we will charge you up to \$40. Payment for balance due and future orders: If you chose electronic check, Bill Me Later®, or a credit or debit card, we will also use it to pay for any balance that you owe and for future orders unless you provide another form of payment. Credit Card Holder Signature/Date Regular delivery is free and will take 10 to days from the day you send this form. If you want faster delivery, choose: 2nd Business Day (\$17) Business Day (\$17) Business Day (\$23) Monday-Fride State delivery charges may change. Faster delivery charges may change. Faster delivery is for shipping time, not processing to faster delivery can only be sent to a street address not a PO box. | | | • • |
| Credit or Debit Card. (VISA®, MasterCard®, Discover®, American Express®, including FSA/HRA/HSA debit cards) Fill in this oval to use your card on file. Fill in this oval to use a new card or to update your card expiration date. Exp.Date MMYY Check or Money Order. Amount: \$ Make check or money order out to Aetna Rx Home Delivery. Write your Aetna Member ID number on your check or money order. If your check is returned, we will charge you up to \$40. Payment for balance due and future orders: If you chose electronic check, Bill Me Later®, or a credit or debit card, we will also use it to pay for any balance that you owe and for future orders unless you provide another form of payment. Credit Card Holder Signature/Date Regular delivery is free and will take 10 to days from the day you send this form. If you want faster delivery, choose: 2nd Business Day (\$17) Business Day (\$17) Business Day (\$23) Monday-Fride State delivery charges may change. Faster delivery charges may change. Faster delivery is for shipping time, not processing to faster delivery can only be sent to a street address not a PO box. | O Electronic Check. Pay from your bank | account. First time use | ers register online or call Customer Care. |
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| Check or Money Order. Amount: \$ • Make check or money order out to Aetna Rx Home Delivery. • Write your Aetna Member ID number on your check or money order. • If your check is returned, we will charge you up to \$40. Payment for balance due and future orders: If you chose electronic check, Bill Me Later®, or a credit or debit card, we will also use it to pay for any balance that you owe and for future orders unless you provide another form of payment. Credit Card Holder Signature/Date Regular delivery is free and will take 10 to days from the day you send this form. If you want faster delivery, choose: ② 2nd Business Day (\$17) Business days from the day you send this form. If you want faster delivery, choose: ③ Next Business Day (\$23) Monday-Fri • Faster delivery is for shipping time, not processing to a street address not a PO box. | BillMeLater Works like a credit card. Credit or Debit Card. (VISA®, MasterCard) | First time users registerd®, Discover®, American | er online or call Customer Care. |
| Check or Money Order. Amount: \$ Make check or money order out to Aetna Rx Home Delivery. Write your Aetna Member ID number on your check or money order. If your check is returned, we will charge you up to \$40. Payment for balance due and future orders: If you chose electronic check, Bill Me Later®, or a credit or debit card, we will also use it to pay for any balance that you owe and for future orders unless you provide another form of payment. Credit Card Holder Signature/Date Regular delivery is free and will take 10 to days from the day you send this form. | BillMeLater Works like a credit card. Credit or Debit Card. (VISA®, MasterCard) Fill in this oval to use your card on file | First time users registerd®, Discover®, American | er online or call Customer Care. Express®, including FSA/HRA/HSA debit cards) |
| Make check or money order out to Aetna Rx Home Delivery. Write your Aetna Member ID number on your check or money order. If your check is returned, we will charge you up to \$40. Payment for balance due and future orders: If you chose electronic check, Bill Me Later®, or a credit or debit card, we will also use it to pay for any balance that you owe and for future orders unless you provide another form of payment. Regular delivery is free and will take 10 to days from the day you send this form. If you want faster delivery, choose: O Next Business Day (\$23) Monday-Fri Faster delivery charges may change. Faster delivery is for shipping time, not processing to a street address not a PO box. | BillMeLater Works like a credit card. Credit or Debit Card. (VISA®, MasterCard) Fill in this oval to use your card on file | First time users registerd®, Discover®, American e. o update your card expiners. | er online or call Customer Care. Express®, including FSA/HRA/HSA debit cards) |
| money order. • If your check is returned, we will charge you up to \$40. Payment for balance due and future orders: If you chose electronic check, Bill Me Later®, or a credit or debit card, we will also use it to pay for any balance that you owe and for future orders unless you provide another form of payment. • Znd Business Day (\$17) Business day are only one are only made and the second of the second | BillMeLater® Works like a credit card. Credit or Debit Card. (VISA®, MasterCard) Fill in this oval to use your card on file Fill in this oval to use a new card or to | First time users registerd®, Discover®, American e. o update your card expiners. | er online or call Customer Care. Express®, including FSA/HRA/HSA debit cards) iration date. |
| Payment for balance due and future orders: If you chose electronic check, Bill Me Later®, or a credit or debit card, we will also use it to pay for any balance that you owe and for future orders unless you provide another form of payment. Next Business Day (\$23) Monday-Fri Payment for the payment of payment in the payment of payment in the payment of payment in the payment of payment of payment in the payment of payment of payment in the payment of payment | BillMeLater® Works like a credit card. Credit or Debit Card. (VISA®, MasterCard) Fill in this oval to use your card on file Fill in this oval to use a new card or to Check or Money Order. Amount: \$ Make check or money order out to Aetna | First time users registerd®, Discover®, American e. o update your card expiners. Exp.Date MMYY a Rx Home Delivery. | er online or call Customer Care. Express®, including FSA/HRA/HSA debit cards) iration date. Credit Card Holder Signature/Date Regular delivery is free and will take 10 to days from the day you send this form. |
| electronic check, Bill Me Later®, or a credit or debit card, we will also use it to pay for any balance that you owe and for future orders unless you provide another form of payment. • Faster delivery is for shipping time, not processing to Faster delivery can only be sent to a street address not a PO box. | BillMeLater® Works like a credit card. Credit or Debit Card. (VISA®, MasterCard) Fill in this oval to use your card on file Fill in this oval to use a new card or to Check or Money Order. Amount: \$ Make check or money order out to Aetna Write your Aetna Member ID number on money order. | First time users registerd®, Discover®, American e. o update your card expiners a Rx Home Delivery. your check or | er online or call Customer Care. Express®, including FSA/HRA/HSA debit cards) iration date. Credit Card Holder Signature/Date Regular delivery is free and will take 10 to days from the day you send this form. If you want faster delivery, choose: 2nd Business Day (\$17) Business day |
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