

4	Payment Method	Do not send cash
<p>Interested in easy, automatic, ongoing payments? You must SIGN here to enroll. The payment information you provide will be used for all prescription orders made by covered household members, including previously ordered prescriptions not yet filled. All personally identifiable information collected on this site is protected and secure. The payment information that you provide to us is securely maintained in our files for your convenience.</p> <p style="text-align: center;">Signature X _____</p>		
Credit Card: We accept VISA, MC, Discover, AMEX, Diners		Check or Checking Account
<input type="radio"/> Automatic, ongoing payment through credit card Authorize to pay for this order and all future orders with the credit card below.		<input type="radio"/> Automatic, ongoing payment through checking account I authorize to pay for this order and all future orders with the checking account information below or include a voided check.
<input type="radio"/> For this order only. Simply fill in your credit card information below.		<input type="radio"/> For this order only. Enclose a check payable to Express Scripts. Write invoice number on the check.
Credit Card Number _____		Name of checking account holder _____
Exp Date (MM/YY) _____		Checking Account Number _____
		Routing Number (first 9 digits lower-left corner of personal check) _____

Review your account balance and pay outstanding balances anytime at express-scripts.com.

To change the limit of the amount we can charge your card without a call to you:

- Go to express-scripts.com
- Select Payment Methods under Account then Edit Information.
- Change the payment authorization limit

You can manage all account preferences at express-scripts.com or call Member Services at the toll-free number on your ID card.

5	Health History
To update your allergies or health conditions: Visit us at express-scripts.com/healthform or call 877.438.4417 . This information helps us protect you against potentially harmful drug interactions and allergies.	

6	Important reminders and other information
<p>If you are a Medicare Part B beneficiary AND have private health insurance, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at the toll-free number found on your ID card. To verify Medicare Part B prescription coverage, call Medicare at 1.800.633.4227.</p> <p>Medication return policy: State law prohibits the return of prescription medications for resale or reuse. Express Scripts cannot accept the return of properly dispensed prescription medications for credit or refund.</p> <p>For additional information or help, visit us at express-scripts.com or call Member Services at the toll-free number found on your ID card. TTY/TDD users should call 1.800.759.1089.</p> <p>Your order may be filled at any one of our Express Scripts Pharmacies located nationwide.</p>	

7	Generic Substitution
<p>State law permits a pharmacist to substitute a less expensive generic equivalent drug for a brand-name drug unless you or your physician directs otherwise. Please note that this applies to new prescriptions and to any future refills of that prescription. Also be aware that you may pay more for a brand-name drug.</p> <p><input type="radio"/> I do not wish to receive a less expensive brand or generic medication.</p> <p style="padding-left: 20px;">If the prescription is being submitted electronically, discuss with your doctor.</p>	

Place your prescription(s), order form(s) and your payment in an envelope.
 Do not use staples or paper clips.
 Do not affix post it notes to form.

EXPRESS SCRIPTS
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