



## MAIL ORDER PHARMACY

Mail Order Pharmacy offers free delivery of medications to a convenient place – home, work, or doctor’s office. We recommend this service if you take a medication on an ongoing basis. Here’s what you need to know to use the service.

**Registering:** Get started by registering for Mail Order Pharmacy. You’ll need to provide insurance, contact, payment, and health information for you and your covered dependents.

» **Online:** For 24/7 access to your benefit and prescription information, register at [members.directscripts.com](https://members.directscripts.com).

» **By Mail:** Complete the Mail Order Pharmacy Registration Form and mail to Direct Scripts.\*

**Sending Prescriptions:** Your doctor must write your prescription for a 90-day supply (or the number of days your plan allows for mail service). There may be limitations on some medications, such as controlled medications, due to state and federal laws. Prescriptions are processed and shipped to the default shipping address upon receipt, when you are ready for your script to be filled, send your prescriptions to Direct Scripts:

» **Electronically:** This is the quickest way to fill your prescription. Ask your doctor to electronically send your prescription to WellDyneRx Prescription Delivery NCPDP ID#1035370. WellDyneRx is our Mail Order pharmacy partner.

» **By Fax:** 1-877-221-1259. Only prescribers may fax prescriptions to a pharmacy.

» **By Mail:** Write your Member ID and date of birth on the prescriptions, and mail to Direct Scripts.\*

**Ordering Refills:** Direct Scripts offers several easy ways to order your prescriptions. We will send a reminder when it’s time to refill your prescription. The best time to order refills is when you have a 14-day supply of your medicine left.

» **Online:** Order refills at [members.directscripts.com](https://members.directscripts.com).

» **By Phone:** Order through the Direct Scripts automated phone system by calling Member Services at 888-830-3609 and follow the prompts for mail order information. To access your account, you will be prompted to enter your date of birth, zip code and phone number.

**Payment:** Payment is required with every prescription order. Direct Scripts accepts Visa, MasterCard, American Express, Discover, check, check by phone, or money order. We also accept payment cards for flexible spending and health savings accounts. Once you have registered, you can add or update your payment cards online or through our automated phone system.

**Medication Preferences:** Direct Scripts substitutes FDA-approved generic equivalent drugs for any brand name medications ordered, if available and permitted by your doctor. A generic drug is a variation of a brand name that has the same effectiveness, quality, safety, and strength, as confirmed by the FDA. If you prefer to receive only brand medications and pay the additional cost, please contact Member Services by calling the number shown on your member ID card.

**Prescription Order Status:** Check the status of your prescription order online or through the Direct Scripts automated phone system. We also provide email alerts to track the status of your prescription orders. We will provide order information, refill reminders, and shipment notifications via phone and email notifications.

**Member Services:** Member Services representatives are available 24 hours a day, 7 days a week to answer questions and help with prescription orders. Pharmacists are available for consultations 24 hours a day, 7 days a week if you have questions about your medication, including how to take it, what to do if you miss a dose, side effects or drug interactions. For medical emergencies, please call 911.

» **By Phone:** For questions, please contact Direct Scripts Member Services by calling 888-830-3609.  
TTY: 1-800-900-6570

\* **Mailing Address:** P.O. Box 90369  
Lakeland, FL 33804



# Direct Scripts Mail Order Pharmacy Registration Form

Please use this form to register, add dependents, or update information. Send completed form to P.O. Box 90369, Lakeland, FL 33804. You can also complete your registration online at [members.directscripts.com](http://members.directscripts.com).

## INSURANCE CARDHOLDER INFORMATION

Last Name		First Name		Mid Int	Date of Birth
Billing Address		City		State	Zip Code
Shipping Address ( <input type="checkbox"/> Same as Billing Address)		City		State	Zip Code
Home Phone	Cell Phone	Email Address (to receive information about your prescription orders)			
Group Name (Primary)			Group Name (Secondary)		
Group ID#	Member ID#	Group ID#	Member ID#		

## ALLERGIES AND HEALTH CONDITIONS

For your safety, Direct Scripts requires allergy and health condition information for you and your dependents before dispensing medication. Please enclose additional family member information on a separate piece of paper.

Cardholder Information		Dependent Information		Dependent Information	
First & Last Name:		First & Last Name:		First & Last Name:	
Relationship to Cardholder:		Relationship to Cardholder:		Relationship to Cardholder:	
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Drug Allergies	Health Conditions	Drug Allergies	Health Conditions	Drug Allergies	Health Conditions
<input type="checkbox"/> No Known	<input type="checkbox"/> No Known	<input type="checkbox"/> No Known	<input type="checkbox"/> No Known	<input type="checkbox"/> No Known	<input type="checkbox"/> No Known
<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> Asthma	<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> Asthma	<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> Asthma
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Bleeding Disorder
<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> COPD	<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> COPD	<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> COPD
<input type="checkbox"/> Codeine	<input type="checkbox"/> Depression	<input type="checkbox"/> Codeine	<input type="checkbox"/> Depression	<input type="checkbox"/> Codeine	<input type="checkbox"/> Depression
<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Penicillin	<input type="checkbox"/> GERD/Ulcer	<input type="checkbox"/> Penicillin	<input type="checkbox"/> GERD/Ulcer	<input type="checkbox"/> Penicillin	<input type="checkbox"/> GERD/Ulcer
<input type="checkbox"/> Sulfa	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Sulfa	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Sulfa	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Tetracyclines	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Tetracyclines	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Tetracyclines	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> Other*(List below)	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Other*(List below)	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Other*(List below)	<input type="checkbox"/> Hypertension
	<input type="checkbox"/> Liver Disease		<input type="checkbox"/> Liver Disease		<input type="checkbox"/> Liver Disease
	<input type="checkbox"/> Renal Disease		<input type="checkbox"/> Renal Disease		<input type="checkbox"/> Renal Disease

\*Please Specify Patient and Other Drug Allergies:

**Medication Preference:** Direct Scripts will substitute generic equivalent drugs for brand medications ordered if available and permitted by your doctor. A generic drug has the same effectiveness, quality, safety, and strength, as confirmed by the FDA. Please indicate your preference for brand or generic drugs. If no box is checked, Direct Scripts will substitute generic drugs.

- Substitute generic drugs if available and permitted by my doctor.
- I want to receive brand medications only. I understand that brand medications may be more expensive and may not be covered by my Plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_