PrimeMail® new prescription fax order form

Questions?
Please call 888.215.3015.

Member: Follow these steps to get your prescription:

1. Complete all the sections below using **black ink**. A credit card number is required.
2. Ask your prescriber to complete the prescription section and fax or mail it to PrimeMail from their office. *NOTE: Orders not faxed or mailed from a licensed prescriber's office will not be processed.*
3. Your prescription will be delivered to you within 5–10 business days.

By returning this form to PrimeMail, you agree to the use and release of your health information and that of your covered dependents (if you are their guardian or authorized representative) to your health plans and health care providers/agents for health benefits management in accordance with the federal privacy regulations under HIPAA (Health Insurance Portability and Accountability Act of 1996).

Prescriber: Fill out the prescription section and fax the completed form to **888.214.1811** or mail it to: PrimeMail, P.O. Box 27836 Albuquerque, NM 87125-7836.

Save time with e-prescribe. Submit your prescription electronically through your electronic medical records system.

Due to regulatory requirements, prescriptions for schedule II controlled substances must be mailed to PrimeMail. Some states require prescriptions for schedule III through V controlled substances to be mailed in as well. Laws and regulations vary by state.

PRESCRIPTION FOR

First name	Middle initial	Last name	❑ Male ❑ Female
Shipping address (Street address preferred)			Date of birth (MM/DD/YYYY)
City	State	Zip	Prefer contact by: ❑ Email ❑ Phone
Member ID			
Email		Phone	

DRUG ALLERGIES
❑ None ❑ Codeine ❑ Sulfa
❑ Aspirin ❑ Erythromycin ❑ Penicillin
❑ Other: ________________

HEALTH CONDITIONS
❑ Arthritis ❑ Diabetes ❑ Glaucoma ❑ High cholesterol
❑ Asthma ❑ Depression ❑ Heart condition ❑ High blood pressure
❑ Other: ______________

Prescriber name	Prescriber phone

PrimeMail may contact your prescriber to clarify your prescription or for safety purposes. This may result in your prescriber prescribing a different, clinically appropriate medicine.

The law may allow pharmacists to give you a less expensive, Food and Drug Administration (FDA)-approved, generic medicine that has the same active ingredients as the brand-name medicine unless you or your prescriber states otherwise. Some health plans require you to pay the difference between generic and brand-name costs.

PAYMENT SECTION

Credit card number

Expiration Date (MM/YY)

❑ American Express ❑ Discover ❑ MasterCard ❑ Visa

❑ Or use credit card on file ending in

Credit card holder's signature

PRESCRIPTION SECTION

For ______________________ Date ______________

Address ______________________ Date of birth (MM/DD/YYYY) __________

Dr ____

PrimeMail may dispense a generic equivalent unless prescriber writes "brand medically necessary" on prescription.

Prescriber name (Please print.) ______________________________

Refills ________ Address ______________________________

Drug Enforcement Agency (DEA)# ______________ Phone ______________

❑ Do not fill at this time.

PRESCRIPTION SECTION

For ______________________ Date ______________

Address ______________________ Date of birth (MM/DD/YYYY) __________

Dr ____

PrimeMail may dispense a generic equivalent unless prescriber writes "brand medically necessary" on prescription.

Prescriber name (Please print.) ______________________________

Refills ________ Address ______________________________

Drug Enforcement Agency (DEA)# ______________ Phone ______________

❑ Do not fill at this time.

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