

# Anthem Rx Direct

**Prescription Order Form**  
**Anthem Prescription Management, LLC**  
**P.O. Box 746000**  
**Cincinnati, Ohio 45274-6000**

Fold in thirds and mail in envelope.

## Customer Service

1 (800) 962-8192

Mon.-Fri., 8:30 a.m. - 11 p.m. Eastern time

Sat., 9 a.m. - 7 p.m. Eastern time

**TDD, 1 (800) 221-6915**

Mon.-Fri., 8:30 a.m. - 5 p.m. Eastern time

### Ship to:

Policyholder's name	Policyholder ID no.	Phone no. (day)	Phone no. (evening)
Street	e-mail (optional)		Apt. no.
City	State	ZIP code	

### Payment information (Payment must be included with order. Make check or money order payable to Anthem Rx Direct.)

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Credit card no.	Exp. date
<input type="checkbox"/> Discover Card	_____ ● _____ ● _____ ● _____	Mo. <input type="checkbox"/> <input type="checkbox"/> Yr. <input type="checkbox"/> <input type="checkbox"/>
Total amount due* \$	Please sign for credit card order.	Do you want childproof caps used? <input type="checkbox"/> Yes <input type="checkbox"/> No

*\*If you miscalculated the "total amount due," your card will automatically be billed the correct amount. Please check your invoice when this prescription arrives for the actual amount billed to your card.*

### New prescription orders

Name of patient for whom the prescription is enclosed	Date of birth	Sex	Relationship
Have you taken this medication before? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Doctor(s) name(s)	Doctors(s) phone number(s)	Drug allergies/health conditions	
Doctor(s) name(s)	Doctors(s) phone number(s)	Drug allergies/health conditions	
Name of patient for whom the prescription is enclosed	Date of birth	Sex	Relationship
Have you taken this medication before? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Doctor(s) name(s)	Doctors(s) phone number(s)	Drug allergies/health conditions	
Doctor(s) name(s)	Doctors(s) phone number(s)	Drug allergies/health conditions	

### Refill orders

Refill numbers	Patient name	Medication names
Refill numbers	Patient name	Medication names

TO REORDER  
PLACE REFILL LABEL HERE.

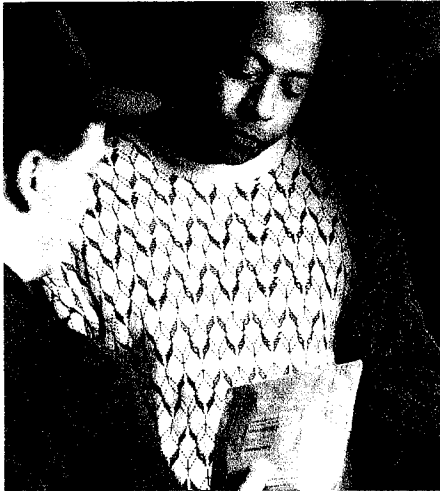
TO REORDER  
PLACE REFILL LABEL HERE.

**Having difficulty filling out this form? Call our special Anthem Rx Helpline, 1 (888) 613-6091, to have a customer care professional guide you through the process. TDD users, please call 1 (800) 221-6915. For more information, visit our web site at [www.anthem.com](http://www.anthem.com).**

# Prescription Program



Mail Service



## *Anthem Rx Direct Mail Service Pharmacy Benefits*

If you use any maintenance medication or supplement for hormone replacement, prenatal care, or for a condition such as asthma, diabetes, high blood pressure or arthritis, you'll appreciate the convenience, savings and added safety of the Anthem Rx Direct mail service pharmacy.

### **Convenience — make fewer trips to the pharmacy**

Ordering maintenance medications through Anthem Rx Direct eliminates monthly trips to the pharmacy because your doctor can write your prescriptions for your plan's maximum allowable days' supply. (See your plan Health Certificate or Benefit Booklet.) Your prescriptions can then be ordered through Anthem Rx Direct mail service and delivered directly to your home, office or anywhere in the United States.

Once your prescriptions are entered into the mail service system, you can use the Anthem Rx Direct 24-hour automated phone line to order refills and check order status.

### **Savings — save on copayments**

Anthem Rx Direct mail service provides more days' supply with fewer copayments. You'll typically save at least one copayment on each prescription filled by the Anthem Rx Direct mail service pharmacy. At Anthem Rx Direct, your prescription orders are filled by registered pharmacists who dispense federally approved, generic equivalent medications for brand-name medications unless you or your physician directs otherwise. This helps save you money while providing quality, effective drug therapy.

### **Safety — protected by Anthem Rx Drug Utilization Review**

After you complete the short, confidential order form, Anthem Rx Direct or your local retail pharmacists are able to screen your prescriptions for possible allergies, interactions, duplications or other potential problems.

For example, before a pharmacist fills a prescription for prenatal vitamins, Anthem Rx Direct automatically highlights other prescription medications that should not be taken during pregnancy. For Anthem members who are pregnant or who may be planning for pregnancy, this active screening process protects them from potentially harmful drugs and drug interactions.

## **Anthem Rx Direct customer care: 1 (800) 962-8192**

For additional information about your prescription benefits, you may call an Anthem Rx Direct customer care professional at **1 (800) 962-8192**, Monday through Friday, 8:30 a.m. to 11 p.m., or on Saturday from 9 a.m. to 7 p.m. Eastern time. TDD users, call **1 (800) 221-6915**, Monday through Friday from 8:30 a.m. to 5 p.m. Eastern time. You may also visit our web site at **[www.anthem.com](http://www.anthem.com)**.

## **How to use your mail service pharmacy benefit**

### **Placing first time orders:**

1. Contact your physician for a new prescription written for your *maximum allowable days' supply*.
2. Complete the order form on the back of this service card.
3. Send the original prescription, the completed order form and appropriate copayment to:  
*Anthem Prescription Management, Inc.  
P.O. Box 746000, Cincinnati, Ohio 45274-6000*

### **Moving a prescription into mail:**

1. Have your prescription label(s) and credit card (MasterCard, VISA or Discover Card) ready.
2. Call this special toll-free number, **1 (888) 613-6000**, Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time.
3. A customer care professional will obtain all necessary information and guide you through the process, quickly and easily.

### **Getting refills of prescriptions:**

1. Have your prescription label(s) ready.
2. Call **1 (800) 962-8192** for personal service, use the 24-hour automated phone line, or visit our web site at **[www.anthem.com](http://www.anthem.com)**.
3. To use the automated phone line, press 3.
  - a) When asked, enter the seven-digit number from your prescription label.
  - b) Enter a credit card number you have previously used with Anthem Rx Direct.
  - c) Wait to confirm the refill, then repeat *step a* if you need additional refills.

### **Answers to your prescription benefit questions:**

1. Have your policy ID number ready.
2. Call **1 (800) 962-8192** and press 2 for order status.
3. You can press 0 for a customer care professional.

**Please allow 14 days to receive mail service**