

**1 Member and physician information — please use black or blue ink. One form per member.**

Member ID Number			Gender <input type="checkbox"/> M <input type="checkbox"/> F		
Last Name		First Name		MI	
Delivery Address					Apt. #
City	State	ZIP	Phone Number (list in order of preference) <small>(circle one)</small>		
Date of Birth / /		Email		( ) M H W	
Physician Name		Physician Phone Number ( )		( ) M H W	

**2 Health history**

<b>Medication Allergies:</b> <input type="checkbox"/> Amoxil/Ampicillin <input type="checkbox"/> Erythromycin <input type="checkbox"/> None Known <input type="checkbox"/> Aspirin <input type="checkbox"/> NSAIDs <input type="checkbox"/> Sulfa <input type="checkbox"/> Cephalosporins <input type="checkbox"/> Penicillin <input type="checkbox"/> Tetracyclines <input type="checkbox"/> Codeine <input type="checkbox"/> Quinolones <input type="checkbox"/> Others: _____			<b>Health Conditions:</b> <input type="checkbox"/> Arthritis <input type="checkbox"/> Glaucoma <input type="checkbox"/> None Known <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Condition <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Cancer <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Thyroid Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Others: _____		
--	--	--	--	--	--

**List all prescription, over-the-counter and herbal medications taken regularly:** (use additional sheet if necessary)

**3 Refills.** To order mail service refills, enter your prescription number(s) here.

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_  
 5: \_\_\_\_\_ 6: \_\_\_\_\_ 7: \_\_\_\_\_ 8: \_\_\_\_\_

**4 Pharmacy processing**

**Generic substitution.** FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless you or your physician indicate otherwise. Brand-name medications may be subject to a higher cost.

**Keep on file.** If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here:

**Notes to Pharmacy:**

**5 Payment and shipping information — do not send cash.**

Standard delivery is included at no charge. Most prescription orders arrive within 7 days from the date your order is received. We will contact you if there is an extended delay in delivering your medications. Please call 800.424.8274 if you have any questions. Once shipped, medications may not be returned for a refund or adjustment. Log on to [www.magellanrx.com](http://www.magellanrx.com) to download additional order forms. I authorize Magellan Rx to charge the following amount to my credit/debit card without prior notification:  
 \_\_\_ up to \$150 \_\_\_ up to \$250 \_\_\_ up to \$\_\_\_\_\_ (Other Amount Greater than \$250)

<input type="checkbox"/> <b>Ship overnight.</b> Additional charges will apply. Please call to verify pricing. <input type="checkbox"/> <b>Charge to my NEW credit card.</b> <input type="checkbox"/> <b>Charge to my credit card on file.</b> <input type="checkbox"/> <b>Check enclosed.</b> All checks must be signed and made payable to: Magellan Rx Management	Credit Card Number <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table> Visa, MasterCard, AMEX and Discover are accepted. <input type="checkbox"/> <b>Keep this card on file.</b> Expiration Date (Month/Year) <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table>																						

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance, and other such expenses related to prescription orders. By supplying my credit card number, **I authorize Magellan Rx Management to maintain my credit card on file as payment method for any future charges.** To modify payment selection, Customer Service can be contacted at any time.

**6 Mail this completed order form with your new prescription(s) to Magellan Rx Pharmacy, PO Box 620968, Orlando, FL 32862. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.**



# Access your prescription history, schedule a refill and more!

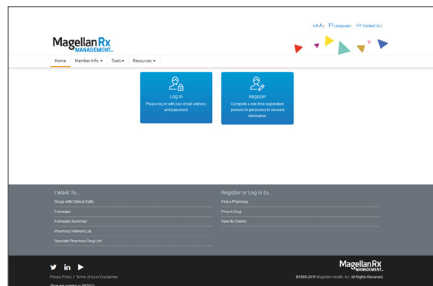
A step by step guide to your secure member portal at MagellanRx.com

At Magellan Rx Management, we are committed to delivering quality service and personalized care. Our secure member portal makes it easy for you to quickly refill your prescription and check your order status while also providing access to additional support to help you stay on track.



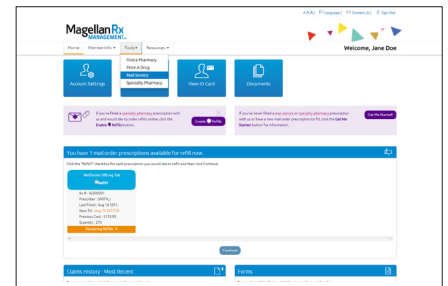
## STEP ONE

Visit [www.MagellanRx.com](http://www.MagellanRx.com) and select Member Portal.



## STEP TWO

Login. If it's your first time on the site, you will need to complete the one-time registration process.



## STEP THREE

Click on **Tools** in the navigation bar to make your selection.  
Select **Mail Service** to fill your maintenance medication prescription. *(Continue to next page for further instructions)*  
Select **Specialty Pharmacy** to fill your specialty medication prescription. *(Go to page 3 for further instructions)*



## IF YOU SELECT MAIL SERVICE:

The screenshot shows the 'Select Drugs' step of the checkout process. A table of prescriptions is displayed with a 'Refill?' checkbox next to each item. The 'Continue' button is visible at the bottom of the form.

1. Select the "Refill?" checkbox for each prescription you would like to refill and click continue.

The screenshot shows the 'Shipping' step. It prompts the user to select a shipping address from a list of previously used addresses or to add a new one. A 'Continue' button is at the bottom.

2. Enter your preferred shipping address and click continue.

The screenshot shows the 'Billing' step. It prompts the user to enter billing information, including name, address, and phone number. A 'Continue' button is at the bottom.

3. Enter your billing information and click continue.

The screenshot shows the 'Submit' step. It displays a summary of the order, including the list of drugs, shipping address, billing information, and total amount. A 'Submit' button is at the bottom.

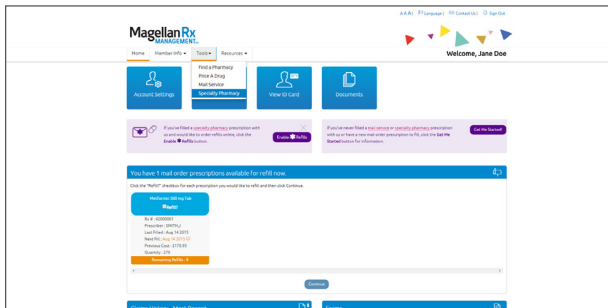
4. Review your order details and click submit.

The screenshot shows the 'Confirmation' step. It displays a confirmation message and the order number. A 'Continue' button is at the bottom.

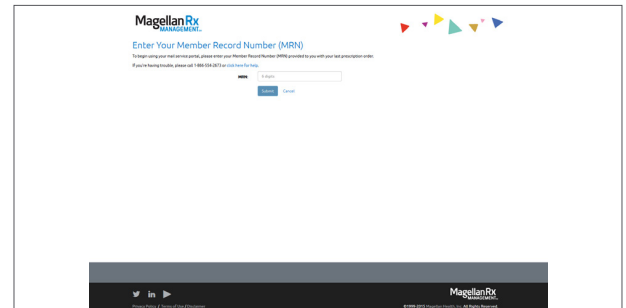
Success! Your order has been submitted.  
Please make a note of your confirmation number.



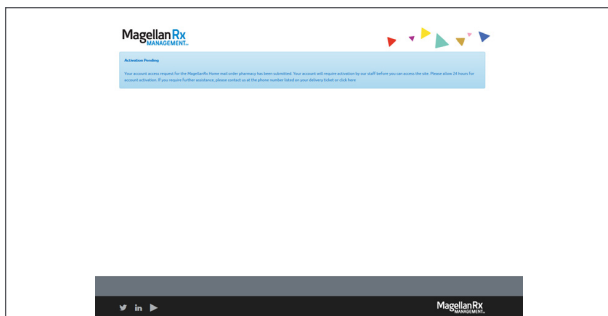
## IF YOU SELECT SPECIALTY PHARMACY:



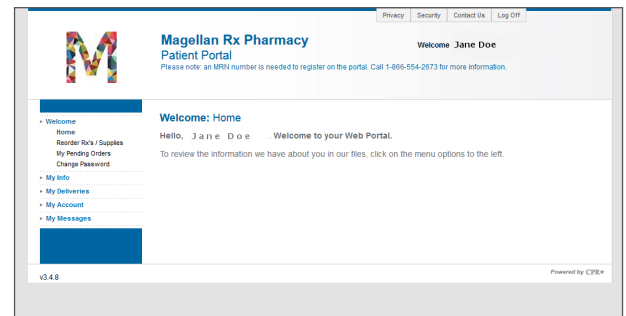
1. Select Specialty Pharmacy to fill your specialty medication prescription.



2. If you are a first time user, enter your Member Record Number (MRN) and click submit. To obtain your MRN, please call 866.554.2673.



3. There is a manual activation period of 24 hours. You will receive an email once your activation is complete.



4. Once the activation is complete, visit [www.MagellanRx.com](http://www.MagellanRx.com) and follow steps 1-3 to access your secure member information.