FOLD BACK HERE

FOLD BACK HERE

Medco By Mail Order Form

Benefits Provided by TRS–ActiveCare

TRS-ActiveCare
Teacher Retirement System of Texas

For New Prescriptions
Fill out one line of the Patient Information section for each new prescription you send. Be sure to include the patient's full name, date of birth, and address, along with the doctor's name and phone number.

For Refills
To order from our website: **www.medco.com**. Have your member ID number and prescription (Rx) number on hand. You can find your member ID below, and your 12-digit prescription or Rx number can be found on your refill slip.

To order by phone: Call **1 800 4REFILL (1 800 473-3455)** to use the automated refill system. Have your member ID number and refill slip with the prescription information ready.

To order by mail: Include your refill slip(s) with this form. Do not complete the Patient Information section for refills.

For All Mail Orders
Place all prescriptions and refill slips together with this completed order form and your co-payment in the enclosed return envelope. Be sure to fold the form as indicated so the address on the bottom right shows through the window.

If You Need Additional Help
Call Member Services at **1 866 355-5999**. The best times to call are Tuesday through Friday afternoons.

See the back of this form for additional instructions.

Member Information

Member ID:

Group:

Daytime telephone ☐☐☐ ☐☐☐ ☐☐☐☐

Evening telephone ☐☐☐ ☐☐☐ ☐☐☐☐

☐ Please send me e-mail notices about the status of the enclosed prescription(s) and online ordering at:

_____@_____._____

Shipping address if different from your mailing address
Check if ☐Temporary ☐Permanent

_____

_____

_____

Patient Information–Complete one line for each new prescription *(Do not complete for refills)*

	Patient name	Patient's relation to plan member *(fill in one)*	Sex	Birth date M/D/YYYY	Doctor name and phone number	Does patient have any other prescription plan?
1		Self Spouse Dependent	M F	/ /		Yes No
2		Self Spouse Dependent	M F	/ /		Yes No
3		Self Spouse Dependent	M F	/ /		Yes No

Order Information

Total number of medications in this order
(including all refills and new medications) ☐☐

Subtotal of this order $ ☐☐☐.☐☐

Optional expedited shipping
$9.00 (subject to change) ☐☐.☐☐

Total enclosed
(do not send cash) $ ☐☐☐.☐☐

Paying by credit card? ☐Visa ☐MC ☐Disc/NOVUS ☐AmEx ☐Diners

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
CREDIT CARD NUMBER

M ☐☐ Y ☐☐ EXPIRATION DATE

X _____ CARDHOLDER SIGNATURE

☐ **Check here to have all orders billed to your credit card.**
By doing so, you authorize Medco to keep your card number on file and bill all future orders and any outstanding balances directly to your credit card. To enroll by phone, please call 1 800 948-8779.

Paying by check? Write your member ID number on your check or money order made payable to Medco.

Please be sure address is visible through window of envelope marked "Medco By Mail Order Center"

MEDCO
PO BOX 650322
DALLAS TX 75265-0322

FORM # HA31258M