Refills are even easier!

You can order your refill three weeks before your medication runs out. A reorder from is included with every prescription. Refills are processed within 48 hours. You can order refills by mail, by phone, or over the internet at **www.rxsolutions.com.** It's simple to find out how many refills you have left by looking at the reorder form. This information is also available by phone and on our Web site.

Mail Service Is Safe

The PacifiCare Prescription Solutions® Mail-Service Pharmacy is staffed by registered pharmacists and pharmacy technicians. These professionals are specially trained to double-check your order for quality and accuracy.

Quality — We maintain a record of all your medications filled using your Prescription Solutions® coverage, regardless of where you had them filled. A pharmacist verifies that a new prescription won't interfere with any other medications you are taking that were filled using your Prescription Solutions® coverage.

Accuracy — Prescription Solutions® uses an automated system to fill your prescription(s) that is designed for accuracy. But still, before your package is sealed, a pharmacist reviews the contents one last time before it's mailed to you.

Convenience That Costs Less

Mail Service can be a real money-saver for PacifiCare Prescription Solutions® customers. To find out how much the copayment for your maintenance medication would be, call **1-800-562-6223.**

More of the Medications You Currently Take

You get the same, high-quality medications from Mail Service as you do from your local pharmacy, whether you are taking brand name or generic medications. Like your local pharmacy, Prescription Solutions® also uses generic medications (when possible) to fill your prescriptions. These medications have met the standards set by the Food and Drug Administration (FDA). The FDA will approve a generic if its safety, purity, strength and effectiveness are proven to match that of the brand-name version. Using generics provides the same quality as the brand name, but at a lower cost.

It's Easy to Find Out More

- To learn more about the Mail-Service Pharmacy, give us a call at **1-800-562-6223.** Customer Service hours are 6:00 a.m. to 9:00 p.m. Monday through Friday, and 7:00 a.m. to 7:00 p.m. on Saturday and Sunday (Pacific Time).
- For information about your Prescription Solutions® prescription drug benefits, call the Prescription Solutions® Member Service department at the number shown on the back of your Prescription Solutions® member ID card.
- Our TDHI (telephonic device for the hearing impaired) number is **1-800-498-5428.**

www.rxsolutions.com

PacifiCare®
Prescription Solutions

CM-902-36831.300
PEW6701-004 Rev. 12/02

Postage Required
Post Office will not deliver without proper postage.

PacifiCare®
Prescription Solutions

PO BOX 509075
SAN DIEGO, CA 92150-9075

Confidential Patient Profile

Please Print or Type				Allergies								Health Conditions							
ENTER FIRST AND LAST NAME	DATE OF BIRTH	GENDER (M OR F)	NONE	AMPICILLIN	ASPIRIN	CEPHALOSPORINS	CODEINE	ERYTHROMYCIN	PENICILLIN	SULFA	TETRACYCLINES	THYROID	DIABETES	GLAUCOMA	HIGH BLOOD PRESSURE	INTESTINAL DISORDERS	HEART CONDITIONS	LUNG CONDITIONS	OTHER ALLERGIES OR HEALTH CONDITIONS
SUBSCRIBER'S NAME:																			
SPOUSE'S NAME:																			
CHILD'S NAME:																			
CHILD'S NAME:																			
CHILD'S NAME:																			

PacifiCare®

Mail-Service Pharmacy

Starting today, you have one less errand to run!

An Easier Way to Get Your Medications

Prescription Solutions® can't put an end to all your errands, but we can cross one off your list! The **Prescription Solutions® Mail-Service Pharmacy** can eliminate frequent trips to the pharmacy for your maintenance medication refills. No more waiting until the last minute because you can order refills three weeks ahead of time. No more waiting in lines – after all, aren't there other things you'd rather be doing? But giving you more free time is just one benefit of this service offered to you by Prescription Solutions®.

It's Easy to Start

You can receive a 3-month supply (or the maximum supply your plan covers) of your medication through Mail Service, rather than just a one-month supply from your local pharmacy. **Just follow these step-by-step instructions to begin taking advantage of the Prescription Solutions® Mail-Service Pharmacy.**

1. **For current medications –** Have your doctor send you a new prescription for your current maintenance medications. Your doctor should prescribe a 3-month supply, plus refills.
2. **For new medications –** Have your doctor write two prescriptions: one for a one-month supply and one for a 3-month supply plus refills. Fill the one-month prescription at your local pharmacy, then, once you and your doctor are confident that you'll continue on this new medication, follow step 3.
3. **Mail your doctor's original prescription for a 90-day supply, along with payment, in the attached envelope.** Be sure to include the confidential patient profile questionnaire. To find out how much the copayment for your maintenance medication would be, call **1-800-562-6223.**

Your prescription will usually arrive within 5 to 7 working days. Included with your medication will be a reorder form, detailed instructions that tell you how to take the medication, possible side effects and other information. We also include the toll-free number that connects you to our registered pharmacists, so you can call with any questions.

State/Region Code

- ☐ **P A Z** Arizona
- ☐ **P C C** California
- ☐ **P C D** Colorado
- ☐ **P O K** Oklahoma
- ☐ **P C O** Oregon
- ☐ **P N V** Nevada
- ☐ **P T X** Texas
- ☐ **P C W** Washington
- ☐ **P A P** Asia Pacific

Only complete for your first order or if your information has changed. Mail to: Prescription Solutions®, P.O. Box 509075, San Diego, CA 92150-9075

Please complete this form and return in the attached envelope. Please make checks payable to Prescription Solutions. To allow us to monitor for potential drug interactions, please indicate any drug allergies, health conditions or chronic diseases on reverse side. Please print or type.

PLEASE SELECT METHOD OF PAYMENT – PLEASE DO NOT SEND CASH – ENCLOSE COPAYMENT FOR EACH PRESCRIPTION ORDERED

❑ CHECK OR MONEY ORDER (Payable to Prescription Solutions) **–or–** CREDIT CARD (Select one) ❑ Mastercard ❑ VISA ❑ DISCOVER ❑ AMEX

CREDIT CARD# _____ EXP. DATE (MM/YY): _____ CARD HOLDER NAME: _____ PRINT NAME

NUMBER OF PRESCRIPTIONS ENCLOSED: _____ TOTAL AMOUNT ENCLOSED: $ _____ _____ SIGNATURE

Subscriber ID Number _____

PHYSICIAN NAME: _____ PHYSICIAN PHONE NUMBER: _____

SUBSCRIBER NAME: _____ GROUP NAME: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

I hereby certify the information on this form is correct. I assume financial responsibility for charges not payable or allowable by PacifiCare. Payment in excess of amount due should be applied to my account balance. I permit Prescription Solutions® to release all information to plan sponsor, administrator or underwriter, and Prescription Solutions may use such data for the purpose of treatment, payment or health care operations. If method of pament is not indicated, I authorize Prescription Solutions to apply the charges to my credit card on file.

Signed: _____ REQUIRED Phone: (_____)_____ DAYTIME PHONE Date: _____