

Date of Birth

# Order Form (please print)

Shipping Address*		
City		
Preferred Phone Numbe	r	Al
Member ID #		G
* A physical address (not	a P.O. Box) is typically required	d for
Shipping Methods:	☐ Normal (no charge)	
Payment Methods:  Check  Money Order  Visa  MasterCard  American Express  Discover	Credit Card Payments choose one:  ☐ One-time use only ☐ Approved for future recurring orders	
Credit Card #:		
Exp. Date:		
Delivery. DO NOT send	yable to: Catamaran Home I cash. Orders received result in delays in processinend delivery times.	
NOTE: Make check pay Delivery. DO NOT send without payment may rand may therefore extend the information pauthorize the release of a administrator or underwrisubstitute generic drugs under applicable state laworders. My signature also	l cash. Orders received esult in delays in processing	ig I sor,

State Zip Iternate Phone Number roup # temperature-sensitive medications and controlled substances. ☐ 2nd Day Air (\$11.00) □ Next Day Air (\$25.00) Total Co-Payment: \$ Shipping: Total: State and federal regulations require patient identification when dispensing controlled substance prescriptions. Please provide one of the following: Driver's License: — or — Social Security #\_\_\_\_\_

## **Contact Us**

## Catamaran Home Delivery

P.O. Box 407096 Ft. Lauderdale, FL 33340-7096

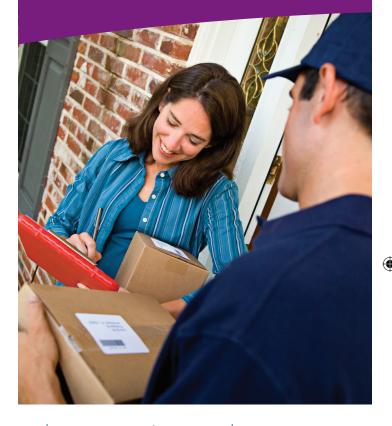
Member Services:

1-800-881-1966 (TTY: 711)

Available 24 hours a day, 7 days a week for your prescription needs

www.mycatamaranRx.com

# Catamaran™ Home **Delivery** for prescription medications



the convenient and cost-effective way to get your prescriptions filled



stay well ahead

# **Getting Started**

Have your doctor write your prescription for the maximum days supply allowed by your plan (typically a 90-day supply plus 3 refills for a one-year supply).

Write the patient's name, date of birth and identification number on the back of each original prescription.

Complete the order form and patient profile section of this brochure. Mail the form, original prescriptions and payment information to:

Catamaran Home Delivery P.O. Box 407096 Ft. Lauderdale, FL 33340-7096

## We'll do the rest!

Most orders are shipped through the U.S.

Postal Service with delivery to your home, office or alternate location. Controlled substances may require an adult signature upon receipt.

Packaging does not indicate that medications are enclosed.

Please allow 10–14 days for delivery of your prescriptions. Expedited shipping options are also available. Please note that this only reduces transit time and will NOT affect the processing time of your prescription. If you do not get your order within 14 days, please contact Member Services.

for additional information —

call 1.800.881.1966 (TTY: 711) or visit mycatamaranRx.com

## **Frequently Asked Questions**

#### What drugs are covered?

Prescription drugs that are covered by your benefit plan are available through mail order. Insulin, insulin syringes and test strips need a prescription when you order them through Catamaran Home Delivery.

### When will I get my order?

You should receive your order within 10–14 days. Please allow a few extra days for your first order.

### Am I charged for shipping?

Shipping is free. You can get Next Day or Second Day delivery for an extra charge.

### Is my information kept private?

Yes, we keep this information completely private. Please read the Notice of Privacy Practices included with this guide. After reading it, you must sign the bottom of the order form.

P	atient Profile	Dru	ıg A	ller	gies			Me	dic	al C	ond	itior	าร
Jse Add Plea	one form per patient. itional forms are available at mycatamaranRx.com. se review your order carefully. Once submitted, an er cannot be cancelled or returned.	Other	Penicillin	Codeine	Sulfa	Aspirin	None	Other	Diabetes	Glaucoma	Heart Condition	High Blood Pressure	Thyroid
	Patient Name (First MI Last)												
	Date of Birth:   Male  Female	Des	crib	e otł	ner a	llerg	ies (	or co	ndit	ions	:		
	Plan Member (Insured)												
	ID#												
	Relation to Member:												
	☐ Self ☐ Spouse ☐ Dependent												

## Prescription Info

If you would like Catamaran to contact your physician to request a prescription for you, please provide the information below. Your order will be shipped once we receive the prescription. Remember, you can always view the status of your order online.

Drug Name & Dosage	Doctor Name	Doctor Phone #	Doctor Fax #		

If a prescription medication is entered above, but a doctor's prescription is NOT enclosed, we will contact the physician listed.

www.mycatamaranRx.com | 1.800.881.1966 (TTY: 711)