

**SHIPPING INFORMATION**

Regular: No charge   
  Second business day: \$15\*   
  Next business day: \$22\*   
 \*Additional costs charged to you.

**Shipping time does not include processing time. Shipping prices are subject to change.**  
 We are unable to ship second business day or next business day orders to PO boxes.  
 Shipping address must be a physical location.

Alternate Shipping Address (if different than permanent address)

City	State	Zip Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This is a change of address   
  This is a one time address   
  Seasonal address from \_\_\_\_\_ to \_\_\_\_\_

**PAYMENT INFORMATION**

Payment is due with each order and may be made by credit card, check or money order. Orders received without payment may delay processing. There is a \$20 returned check charge.

**Check or money order**

Please make check or money order payable to Prime Therapeutics and include your member ID on the memo line. Do not send cash.

Check     Money Order

**Credit card information**

To authorize payment by credit card, provide the account number, expiration date and signature. We accept Discover, MasterCard, VISA and American Express. This card will be used for this and all future orders unless we are notified otherwise.

Credit Card Number	Expiration Date
<input type="text"/>	<input type="text"/>

Use credit card on file, with the last 4 digits of:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Pharmacy law may permit pharmacists to substitute a less expensive FDA-approved generically equivalent medication for a brand-name medication unless you or your prescriber indicate otherwise. Some health plans require the patient to pay the difference between generic and brand name cost.

By returning this form to PrimeMail, you consent to the release and use of the patient's health information to the patient's health plans and health care providers/agents for health benefits management. Prime Therapeutics' use or disclosure of individually identifiable health information, whether furnished by you or obtained from other sources such as medical providers, shall be in accordance with federal privacy regulations under HIPAA (Health Insurance Portability and Accountability Act of 1996).

PrimeMail may contact your physician for clarification and safety purposes, which may result in your physician prescribing a different, clinically appropriate product.

Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Prime Therapeutics is an independent company providing pharmacy benefit management services for Blue Cross and Blue Shield of Alabama members. PrimeMail is a registered trademark of Prime Therapeutics LLC.

## PrimeMail® — An Option That Delivers Savings, Convenience and Service

You now have a choice in the way you get your long-term prescriptions filled

Have your medicine delivered right where you want it. And, you may save money.

### Savings

- You may save on every prescription you fill

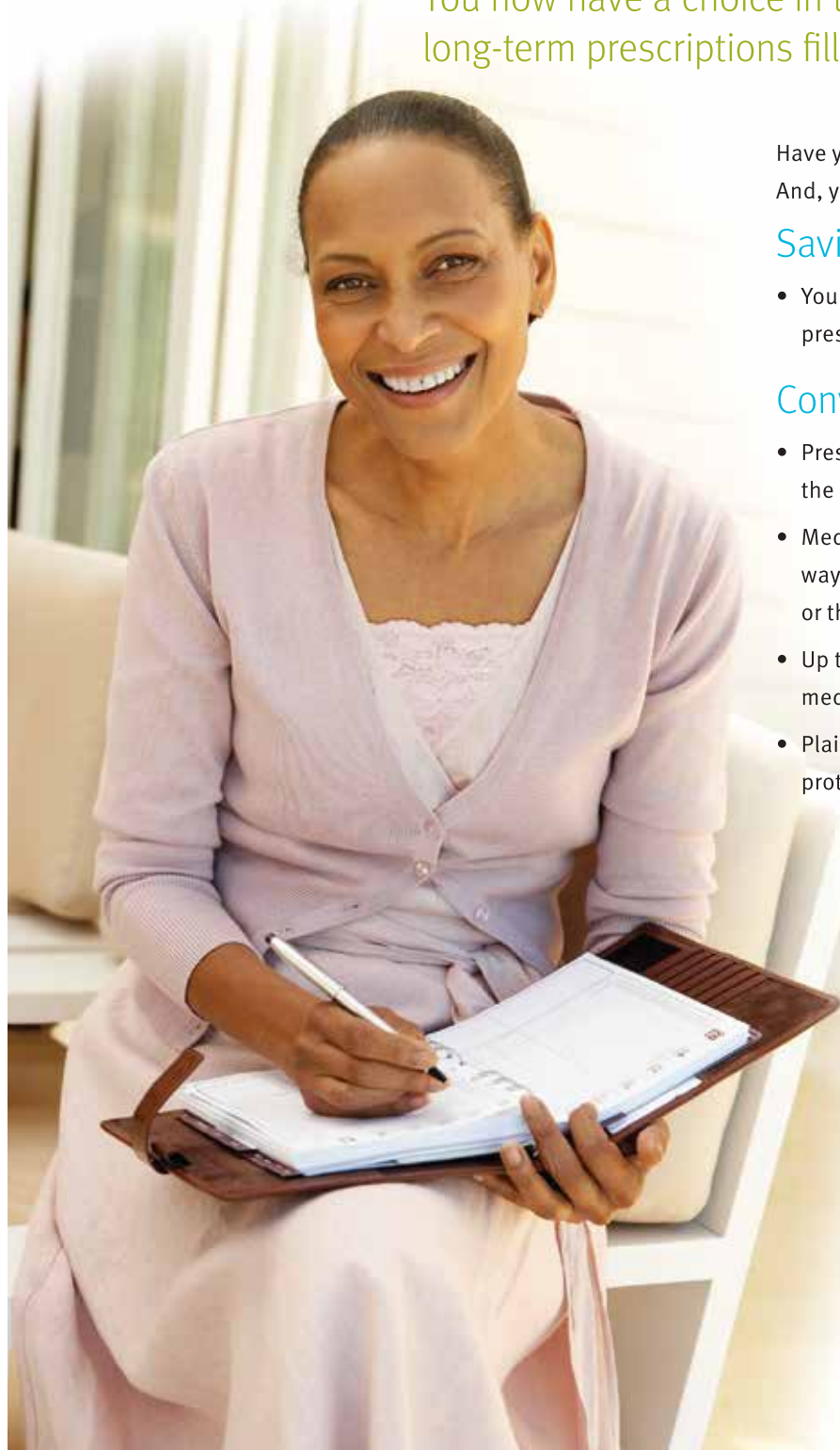
### Convenience

- Prescriptions delivered to the address of your choice
- Medications ordered your way — online, over the phone or through the mail
- Up to a 90-day supply of medication at one time
- Plain-labeled packaging protects your privacy

### Service

- Notification through email or over the phone — your choice — when your order is received and when your prescriptions are sent
- Licensed, U.S.-based pharmacists available seven days a week, and assistance available 24/7 as well as a reminder when it's time to refill
- To learn more, call us at **877-579-7627**

Learn how to get started today →



Getting started

is easy!

Order your prescriptions online or through the mail. Choose the option you like best!

Online

- Visit www.bcbsal.com
Transition your prescriptions from a retail pharmacy to PrimeMail
Fill out and submit the online order form and PrimeMail will take care of the rest
Expect your medications in five to eight business days after PrimeMail receives approval from your doctor

Through the mail

- Talk to your doctor
Ask for a prescription for a 90-day supply of each of your long-term medications
Ask for a prescription for a 14-day supply to fill at a retail pharmacy for immediate use if needed
Complete the PrimeMail order form
Find PrimeMail forms at www.bcbsal.com OR call PrimeMail at 877-579-7627
Mail your prescription, completed order form and payment to PrimeMail
Expect your medications in five to eight business days after PrimeMail receives your order

Refills are easy

Refill dates are shown on each prescription label, and PrimeMail will remind you when a refill is due. You have several options to order prescription refills. Choose the option that best suits you.

Online

Visit www.bcbsal.com to refill a prescription or renew an expired prescription

Over the phone

Call PrimeMail at 877-579-7627

Through the mail

Complete and mail in the prescription order form sent with your order

Questions?

To learn more about PrimeMail, visit our easy-to-use website at www.bcbsal.com or call PrimeMail at 877-579-7627, 24 hours a day, seven days a week

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New Prescription Order Form



Mail this form to: PrimeMail®, PO Box 650041, Dallas, TX 75265-0041

For added service: Visit www.bcbsal.com or call 800.391.1886 TTY 711

Llame la farmacia de PrimeMail en 800.391.1886 o el registro sobre nuestro sitio del web en www.bcbsal.com

CARD HOLDER INFORMATION

Card Holder's ID and Card Holder's Date of Birth (mm/dd/yyyy) input fields

Card Holder's Last Name and Card Holder's First Name MI input fields

Patient's Last Name (if different than card holder's last name) and Patient's First Name MI input fields

Patient's Gender (Male/Female), Patient's Date of Birth (mm/dd/yyyy), and Patient's Phone Number input fields

Patient's Permanent Address input field

City, State, and Zip Code input fields

Patient's E-mail Address and Contact by (E-mail/Phone) input fields

DRUG ALLERGIES

None, Codeine, Sulfa, Aspirin, Erythromycin, Penicillin, Other input fields

HEALTH CONDITIONS

Arthritis, Diabetes, Glaucoma, High cholesterol, Asthma, Depression, Heart condition, Hypertension, Other input fields

PATIENT'S NEW PRESCRIPTIONS

Table with columns: Drug Name, Physician/Prescriber's Name & Phone Number, Do not fill at this time

Total Number of Prescriptions: \_\_\_\_\_

Mail the original physician-signed prescriptions with this completed form. For multiple dependents please use multiple forms. If more than 3 prescriptions are needed, write the requested information from this table on a separate piece of paper and enclose with your order.

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