## **aetna**<sup>®</sup> Medication Order Form Aetna Rx Home Delivery<sup>®</sup>

	Form.       Number of New prescriptions:         w.       Number of Refill prescriptions:         w prescriptions online at www.aetnanavigator.com
Instructions:         Please use blue or black ink and print in capital letters.         New Prescriptions - Mail your new prescriptions with this f         Refills - Order by Web, phone, or write in Rx number(s) beloc         TO RECEIVE YOUR ORDER SOONER request refills or new or call toll-free 1-888-RX AETNA (1-888-792-3862), TTY 711.         A Shipping Address. To ship to an address different from         Last Name       Fire	form.       Number of New prescriptions:         w.       Number of Refill prescriptions:         w prescriptions online at www.aetnanavigator.com         the one printed above, enter the changes here.
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A Shipping Address. To ship to an address different from Last Name Fir	
	st Name MI Suffix (JR. SR)
Street Address	Apt./Suite # Use shipping address for this order only.
City	State ZIP Code
Daytime Phone #: Eve	ning Phone #:
B Refills. To order mail service refills, enter your prescripti	on number(s) here.
1) 2) 3)	4)
5) 6) 7)	8)

**C** Tell us about the people ordering prescriptions. If there are more than two people, please complete another form.

	<b>First person</b> with a refill or new prescription.	◯ Spanish forms and labe				
	Last Name	First Name		(JR,SR)		
		Date of birth: MM-DD-YYYY	· · · · · · · · · · · · · · · · · · ·			
	E-mail address:					
* ጠ	Doctor's last name Doctor's first name Doctor's phone #					
ш	Tell us about new health information for 1st person if never provided or if changed.					
* W	Tell us about new health information for 1st person if never provided or if changed.         Allergies:       None       Aspirin       Cephalosporin       Codeine       Erythromycin       Penicillin         Sulfa       Other:       Sulfa       Sulfa					
	Medical conditions: Arthritis Asthma Diab High blood pressure High cholesterol M Other:	-	0	-	art problem O Thyroid	
	Second person with a refill or new prescription.		0	Spanish form	s and labels	
<b>♦</b>	Last Name	First Name		MI Suffix (JR,SR)		
d he	N     I     C     K     N     A     M     E     Gender:     M     F     Date of birth: MM-DD-YYYY     -     -     -					
● Please fold here →	E-mail address:	Date	e new prescription w	ritten:	fol	
	Doctor's last name Doctor's first	name	Doctor's pl	hone #	Please fold here	
	Tell us about new health information for 2nd person if never provided or if changed.         Allergies:       None       Aspirin       Cephalosporin       Codeine       Erythromycin       Penicillin         Sulfa       Other:       Other:       Other       Glaucoma       Heart problem         High blood pressure       High cholesterol       Migraine       Osteoporosis       Prostate issues       Thyroid         Other:       Other:       Other       Osteoporosis       Osteoporosis       Osteoporosis       Osteoporosis					
D	Special instructions:			<u> </u>		
П	How would you like to pay for this order? (If your	copavis \$0 vo	bu do not need to prov	vide payment iu	nformation )	
	<b>E</b> How would you like to pay for this order? (If your copay is \$0, you do not need to provide payment info C Electronic check. Pay from your bank account. (You must first register online or call Customer Car					
		(				
Please fold here →	<ul> <li>Credit or debit card. (VISA<sup>®</sup>, MasterCard<sup>®</sup>, Disc.</li> <li>Use your card on file.</li> <li>Use a new card or update your card's expiration</li> <li>Exp.Dat</li> <li>MMYY</li> <li>Check or money order. Amount: \$</li> </ul>	n date.	rican Express®) Credit card hol	der signature,	Date →	
NAKC	<ul> <li>Make check or money order payable to Aetna Rx Ho</li> <li>Write your Aetna Member ID number on your check</li> </ul>	•	Regular delivery is days after your order If you want faster of	r is processed. <b>delivery, cho</b>	-	
6 AE1	<ul> <li>order.</li> <li>If your check is returned, we will charge you up to \$<sup>2</sup></li> </ul>	40.	2nd business		Faster delivery can only be sent to a street address, pat a PO Box	
49-MOF WEB 0316 AETNA KC	<b>Payment for balance due and future orders:</b> If ye electronic check or a credit or debit card, we will us for any balance due and for future orders unless yo another form of payment.	ou choose e it to pay ou provide	<ul> <li>Next business day (\$23) street address, not a PO Box</li> <li>Expected processing time from receipt of this form:</li> <li>Refills: 1-2 days</li> <li>New/renewed prescriptions: Within 5 days unless additional information is needed from your doctor (Charges subject to change)</li> </ul>			
46	Fill in this oval if you DO NOT want us to use this method for future orders.	payment			t of this form: iless additional	
•	I authorize Aetna Rx Home Delivery to bill my credit card for any out-of-pocket costs or special shipping costs in effect at the time my order is filled.					