Refills are even easier!

You can order your refill up to three weeks before your medication runs out. A reorder form 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

Prescription Solutions® Mail Service Pharmacy, which is offered by PacifiCare, 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 PacifiCare pharmacy benefit 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 PacifiCare pharmacy benefit 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 Pharmacy can be a real money-saver for PacifiCare members with pharmacy benefit coverage. To find out how much the copayment for your maintenance medication would be, call PacifiCare's Customer Service department at 1-800-562-6223.

PEW80086-000

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 program or to obtain information about your PacifiCare prescription drug benefits, please contact PacifiCare's Customer Service department at **1-800-562-6223** from 5:00 a.m. to 9:00 p.m. Monday through Friday and 7:00 a.m. to 7:00 p.m. Saturday and Sunday, (Pacific time). If you are hearing impaired, please call **1-800-498-5428**.

www.rxsolutions.com

PacifiCare®
Prescription Solutions

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

PacifiCare can't put an end to all your errands, but we can cross one off your list! PacifiCare offers a Mail Service program through **Prescription Solutions® Mail Service Pharmacy.** This program 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? Giving you more free time is just one benefit of this service offered to you by PacifiCare's Mail Service program.

It's Easy to Start

You can receive a 90-day supply (or the maximum supply indicated in your pharmacy member materials) of your medication through Mail Service, rather than just a 30-day supply from your local pharmacy. **Just follow these step-by-step instructions to begin taking advantage of PacifiCare's Mail Service Pharmacy program.**

1. **For current medications –** Have your doctor send you a new prescription for your current maintenance medications. Your doctor should prescribe a 90-day supply, plus refills.
2. **For new medications –** Have your doctor write two prescriptions: one for a 30-day supply and one for a 90-day supply plus refills. Fill the 30-day 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 your appropriate copayment, 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, please refer to your pharmacy member materials, or call PacifiCare's Customer Service department at **1-800-562-6223.**

Your prescription will be sent to you within 5 to 7 working days upon receipt of the prescription. 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

- ☐ **PAZ** Arizona
- ☐ **PCC** California
- ☐ **PCD** Colorado
- ☐ **POK** Oklahoma
- ☐ **PCO** Oregon
- ☐ **PNV** Nevada
- ☐ **PTX** Texas
- ☐ **PCW** Washington
- ☐ **PAP** 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. If method of payment is not indicated, I authorize Prescription Solutions® to apply the charges to my credit card on file.

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