FOLD HERE

HOME DELIVERY ORDER FORM

FOR ACTIVE EMPLOYEES





Member information: Please verify or provide me	erriber irriorriation below.
Member ID:Group:	☐ Please send me e-mail notices about the status of the enclosed prescription(s) and online ordering at: @
Name: Street Address: Street Address:	New shipping address:
Street Address: City, ST, ZIP:	(Express Scripts will keep this address on file for all orders from this membership until another shipping address is provided by any person in this membership.)
Daytime phone:	Evening phone:
	on for each person with a prescription. If a person has a new section for each doctor (additional sections are on
First name Last na	me
	t's relationship to member Spouse Dependent
Doctor's last name	1st initial Doctor's phone number
First name Last na	me
	t's relationship to member Spouse Dependent
Doctor's last name	1st initial Doctor's phone number
payable to Express Scripts, and write your member II	money order, or credit card. Make checks and money orders number on the front. You can enroll for e-check payments Member Services phone number found on your ID card.
Number of prescriptions sent with this order:	
Payment options: □e-check □Payment enclosed □	Credit card □Send bill
For credit card payments:	Credit card number
☐ Visa ☐ MC ☐ Discover ☐ Amex ☐ Diners	
	I authorize Express Scripts to charge this card for all orders from any person in this membership.

MLRFOHNW

EXPRESS SCRIPTS PO BOX 747000

or paper clips.