## **aetna** Medication Order Form Aetna Rx Home Delivery®

|   | Mail this form to:               |                                 |
|---|----------------------------------|---------------------------------|
| Enter ID number  Prescription Plan Sponsor or Company Name  |                                  |                                 |
| Please use blue or black ink, capital letters, and fill in both sides of this form.   |                                  |                                 |
| New Prescriptions - Mail your new prescriptions with this form.  Refills - Order by Web, phone, or write in Rx number(s) below.  For Fastest Service, order refills at www.aetnanavigator.com or call toll-free 1-888-RX AETNA (1-888-792-3862) or TDD (for hearing impaired) at 1-800-823-6373. Your doctor may fax your prescription(s) to 1-877-270-3317. Only a doctor may fax a prescription.  A Shipping Address. |                                  |                                 |
| Last Name   | First Name M                     | II Suffix (JR, SR)              |
| Other of Manager  |                                  |                                 |
| Street Name   |                                  | this address<br>his order only. |
| City  Daytime Phone #:  | State ZIP Code  Evening Phone #: |                                 |
| Dayume Frione #.  |                                  |                                 |
| B Refills. To order mail service refills, enter your prescription number(s) here.   |                                  |                                 |
| 1)2)  | 3)4)                             |                                 |
| 5)6)  | 7)8)                             |                                 |

Aetna wants to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for Brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions including drug names, use the "Special instructions" section of this form.

All claims for prescriptions sent to Aetna Rx Home Delivery using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.

We may package all of these prescriptions together unless you tell us not to.

Please Note: By submitting this form you verify that the information is correct, that the prescriptions enclosed are for use by eligible participants and authorize the release of all information to the Plan Sponsor, administrator, or underwriter. All communications regarding this account will be directed to the member (employee/retiree). If a spouse or other eligible dependent wishes to direct their communications to an alternate address or telephone number, they may make this request by completing the Confidential Communications Request form provided in the Privacy Notice, or as available on our website.



