

PrimeMail® — An Option That Delivers Convenience and Peace of Mind

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

Have your medicine delivered right to you.

Convenience

- Prescriptions delivered to the address of your choice¹
- Medications ordered your way — online, over the phone or through the mail²
- Up to a 90-day supply of medication at one time
- Plain-labeled packaging protects your privacy

Service

- Refill reminders
- 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 and assistance available 24/7
- To learn more, call us at **1-877-579-7627**

Learn how to get started today →

¹ Within the United States

² Prescriptions for controlled substances cannot be sent to PrimeMail electronically.

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 - -

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 /

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.

Prime Therapeutics LLC, an independent company with offices in Alabama, Minnesota and Texas, provides pharmacy benefit management services for Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association. "BLUE," "CROSS," "SHIELD" and the Cross and Shield symbols are registered trademarks of the Blue Cross and Blue Shield Association. Prime Therapeutics, PrimeChoice and PrimeMail are registered trademarks of Prime Therapeutics LLC.

PRM-4 (Rev. 11-2014)

Getting started

is easy!

Set up your new prescriptions online, over the phone or through the mail. Choose the option you like best!



Online

1. Login into *myBlueCross* and select “Find Drugs/Pricing/Mail Order” under **Manage my Prescriptions**
2. Choose “My PrimeMail” located under **Your Account**
 - » 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



Call PrimeMail

1. Call PrimeMail at **1-877-579-7627**



Through the mail

1. Talk to your doctor
 - » Ask your doctor for a 90-day prescription that PrimeMail will fill. If you need this medicine immediately, ask for a second 14-day prescription you can fill immediately at your local pharmacy.
2. Complete the attached PrimeMail order form
 - » Find PrimeMail forms at **AlabamaBlue.com** OR call PrimeMail at **1-877-579-7627**
 - » Mail your prescription, along with the completed order form along 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 for ordering prescription refills. Choose the option that best suits you.³



Online

Visit **AlabamaBlue.com** to refill a prescription or renew an expired prescription



Over the phone

Call PrimeMail at **1-877-579-7627**



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 **AlabamaBlue.com** or call PrimeMail at **1-877-579-7627**, 24 hours a day, seven days a week.

³ If you have a prescription for a controlled drug or a compound drug, PrimeMail requires a new prescription.

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New Prescription Order Form



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

For added service:
Visit **AlabamaBlue.com**
or call 1-800-391-1886
TTY 711

Llame la farmacia de PrimeMail en
1-800-391-1886 o el registro sobre nuestro
sitio del web en **AlabamaBlue.com**

CARD HOLDER INFORMATION

Card Holder's ID	Card Holder's Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

Card Holder's Last Name	Card Holder's First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

Patient's Last Name (if different than card holder's last name)	Patient's First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

Patient's Gender: <input type="radio"/> Male <input type="radio"/> Female	Patient's Date of Birth (mm/dd/yyyy)	Patient's Phone Number
	<input type="text"/>	<input type="text"/>

Patient's Permanent Address

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

Patient's Email Address

Contact by: Email Phone

DRUG ALLERGIES

None Codeine Sulfa
 Aspirin Erythromycin Penicillin
 Other _____

HEALTH CONDITIONS

Arthritis Diabetes Glaucoma High cholesterol
 Asthma Depression Heart condition Hypertension
 Other _____

PATIENT'S NEW PRESCRIPTIONS

Drug Name	Physician/Prescriber's Name & Phone Number	Do not fill at this time
		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>
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. Additional processing time may be required for prescriptions that require physician clarification. For prescriptions to be filled at a later date, call the customer service number above to activate.

CONTINUED ON BACK ➔