



**1 Member — please use black or blue ink. One form per member.**  
Enroll online or download additional forms at [optumrx.com/myCatamaranRx](http://optumrx.com/myCatamaranRx)

Member ID and Group Numbers

Last Name	First Name	MI	Relationship to Member <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent
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Delivery Address*	Apt. #
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City	State	Zip	Preferred Phone Number ( )
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Date of Birth (mm/dd/yyyy)	Gender <input type="radio"/> M <input type="radio"/> F	Driver's License or SSN (required for controlled substances)
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\*A physical address (not a PO Box) is required for temperature sensitive medications and controlled substances.

**2 Health history**

**Medication Allergies:**

<input type="radio"/> Aspirin	<input type="radio"/> Erythromycin	<input type="radio"/> Quinolones	<input type="radio"/> Others: _____
<input type="radio"/> None known	<input type="radio"/> Cephalosporins	<input type="radio"/> NSAIDs	_____
<input type="radio"/> Amoxil/Ampicillin	<input type="radio"/> Codeine	<input type="radio"/> Penicillin	_____
		<input type="radio"/> Tetracyclines	_____

**Health Conditions:**

<input type="radio"/> Asthma	<input type="radio"/> Glaucoma	<input type="radio"/> High cholesterol	<input type="radio"/> Others: _____
<input type="radio"/> None known	<input type="radio"/> Cancer	<input type="radio"/> Heart condition	_____
<input type="radio"/> Arthritis	<input type="radio"/> Diabetes	<input type="radio"/> High blood pressure	<input type="radio"/> Thyroid Disease _____

**Prescription and over-the-counter medications taken regularly:**

**3 Pharmacy processing**

**Generic substitution.** FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible. If you require brand-name medications, your doctor should indicate so on the prescription.

**4 Payment and shipping information — do not send cash**

Please allow 10 – 14 days for delivery. Expedited shipping options are also available. Please note that this reduces transit time and will NOT affect the processing time of your prescription. If you do not get your order within 14 days, please contact Member Services. **Please review your order carefully.** Once submitted, an order cannot be canceled or returned.

**Shipping Methods:**

- Normal (no charge)
- 2nd Day Air (\$11.00)
- Next Day Air (\$25.00)

New Credit Card Number

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Visa, MasterCard, AMEX and Discover are accepted.

Expiration Date (Month/Year)

□	□	/	□	□	□	□
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Keep this card on file as my preferred credit card

**Check enclosed.** Make checks out to OptumRx Home Delivery.

**Charge to my credit card on file.**

**Charge to my NEW credit card.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Orders received without payment may result in delays in processing extended delivery times.

**5 Mail this completed order form with your new prescription(s) to:**  
OptumRx Home Delivery, PO Box 409013, Ft. Lauderdale, FL 33340-9013

