

# Get started with medication home delivery.



Simple.
Convenient.
And it may save you money, too.

## Filling your prescriptions with home delivery

#### How it works.

- Order a up to a three-month supply of your maintenance medication ones you take regularly by mail, phone or online.
- OptumRx® fills your order, mails it to you then lets you know when to expect your delivery.
- Your medication arrives within 7 to 10 days of placing the order.

#### The benefits of home delivery.



Save a trip to the pharmacy.



You may pay less for up to a 90-day supply of your maintenance medication.



No charge for standard shipping



Phone, text<sup>1</sup> and email reminders help you remember every dose and every refill.

#### Choose from four easy ways:

#### Online.

Visit catamaranhomedelivery.com

#### Phone.

Call the Pharmacy Benefits number on the back of your member ID card. For hearing impaired, TTY 711.

#### Mail.

Complete the attached order form and mail it to **OptumRx P.O. Box 509075 San Diego, CA 92150**.

#### ePrescribe.

Ask your doctor to send an electronic prescription to OptumRx.

# Why pay more? You may save with home delivery.



Visit catamaranhomedelivery.com.



Or call the Pharmacy Benefits number on the back of your member ID card. For hearing impaired, call TTY 711.

OptumRx provides this service at no additional cost. Standard message and data rates charged by your carrier may apply.



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#### **NEW PRESCRIPTION MAIL-IN ORDER FORM**

Member ID Number				
(Additional coverage, if a	applicable) Second	dary Member II	O Number	
Last Name		First Na	ıme	MI
Delivery Address				Apt. #
City		State	ZIP	
Phone Number with Area	a Code			
Date of Birth (mm/dd/yyyy)  Gender O M O F				
Physician Name				
Physician Phone Number	with Area Code			
Health history		_		
Medication Allergies: O None known O Amoxil/Ampicillin O Others:	O Aspirin O Cephalospori O Codeine			O Quinolones O Sulfa O Tetracyclines

<b>Health Conditions:</b>	O Asthma	O Glaucoma	O High cholesterol
O None known	O Cancer	O Heart condition	O Osteoporosis
O Arthritis	O Diabetes	O High blood pressure	O Thyroid Disease
O Others:			
Over-the-counter/herb	oal medications to	aken regularly:	
Payment and	shipping info	rmation — do not send	cash
10 business days from the	he date the comple siness days. Optur	New prescriptions should arrive eted order is received. Completed nRx will contact you if there will	d refill orders should
You may log on to <b>optu</b>	ımrx.com to see if	drug pricing information is avail not be returned for a refund or a	
O Ship overnight. Add	d \$12.50 to order a	amount (subject to change).	
○ Check enclosed. All	checks must be sig	ned and made payable to: Optur	nRx.
○ Charge to my credi	t card on file.		
○ Charge to my NEW	credit card.		
New Credit Card Nun	nber		
Expiration Date (Mon	th/Year)	Visa, MasterCard, AMEX and Discover are accepted.	
Signature:	<del>-</del>		Date:
For new prescription ord		ce refills, this credit card will be bed to prescription orders. By suppl	illed for copay/

Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 509075, San Diego, CA 92150.

DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.



number, I authorize OptumRx to maintain my credit card on file as payment method for any future charges. To modify payment selection, contact customer service at any time.

RETURN ADDRESS		PLACE	
	_	STAMP	
	_	HERE	
	_		

OPTUMRX PO BOX 509075 SAN DIEGO CA 92150-9075

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