



Get started
with medication
home delivery.



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

Filling your prescriptions with home delivery

How it works.

- 1 Order a up to a three-month supply** of your maintenance medication — ones you take regularly — by mail, phone or online.
- 2 OptumRx® fills your order,** mails it to you then lets you know when to expect your delivery.
- 3 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, text¹ 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.**

¹ OptumRx provides this service at no additional cost. Standard message and data rates charged by your carrier may apply.



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OPTUMRx®



NEW PRESCRIPTION MAIL-IN ORDER FORM

1 Member and physician information — please use black or blue ink. One form per member.

Member ID Number		
(Additional coverage, if applicable) Secondary Member ID Number		
Last Name	First Name	MI
Delivery Address		Apt. #
City	State	ZIP
Phone Number with Area Code		
Date of Birth (mm/dd/yyyy)	Gender <input type="radio"/> M <input type="radio"/> F	Email
Physician Name		
Physician Phone Number with Area Code		

2 Health history

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



RETURN ADDRESS



PLACE

STAMP

HERE

OPTUMRX
PO BOX 509075
SAN DIEGO CA 92150-9075

