


aetna® Medication Order Form

Aetna Rx Home Delivery®

* WEB *

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<p>Member ID # (if not shown or if different from above)</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> <p>-----</p> <p>Plan Name</p>																					<p>Mail this form to:</p>  <p>AETNA RX HOME DELIVERY PO BOX 417019 KANSAS CITY MO 64179-7019</p>

Please fold here →

Please fold here →

You can place your order with Aetna Rx Home Delivery:

Online: Log on to your secure member website.

By phone: Call us at the number on your member ID card.

By Mail: Complete both sides of the form. Print clearly in CAPITAL letters using black or blue ink. Include your paper prescription. Use this form if paying by check. Return completed form to the address above. **Medicare** members should complete one form per person.

Number of **New** prescriptions:

Number of **Refill** prescriptions:

A Shipping Address if different than above.

Last Name	First Name	MI	Suffix (JR, SR)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 40px;" type="text"/>
Street Address	Apt./Suite #		
<input style="width: 100%;" type="text"/>	<input style="width: 60px;" type="text"/>		
City	State	ZIP Code	
<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/>	
Daytime Phone #: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Evening Phone #: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		

Use shipping address for this order only.

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B Refills. To order mail service refills, enter the Rx number(s) found on your prescription label.

1)	2)	3)	4)
5)	6)	7)	8)

We want 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.

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.



