

For use starting 1/1/17



Prescription Order Form

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

For faster service: Ask your doctor to send your prescriptions electronically. To order refills, sign in to your account at bcbsri.com and click on Go To My Pharmacy Benefits Manager. Or call 855.457.1204 TTY 711.

CARDHOLDER INFORMATION

Member ID Number, Date of Birth (mm/dd/yyyy), Last Name, First Name, MI

PATIENT INFORMATION

Last Name, First Name, MI, Gender: Male Female, Date of Birth (mm/dd/yyyy), Phone Number

Permanent Address, City, State, ZIP Code

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

Other Drugs, Vitamins or Supplements*:

*To help avoid potential drug interactions, please list all the drugs and supplements you take.

DIRECTIONS

- Mail the original, doctor-signed prescriptions with this form. If you are also sending in an order for a family member, please complete a separate form (one form/person). If you are ordering more than three drugs, please attach a list of the other drug names. Sometimes PrimeMail needs more information before we can fill your order.

PRESCRIPTION ORDER

Table with 3 columns: Drug Name, Doctor's Name, Phone Number

Total Number of Prescriptions:

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