



## Patient/doctor information continued

First name

Last name

Birth date (MM/DD/YYYY)

Sex

Patient's relationship to enrollee

 M  F Self  Spouse  Dependent

Doctor's last name

1st initial

Doctor's phone number

First name

Last name

Birth date (MM/DD/YYYY)

Sex

Patient's relationship to enrollee

 M  F Self  Spouse  Dependent

Doctor's last name

1st initial

Doctor's phone number

## Important reminders and other information

**Complete** the Health, Allergy & Medication Questionnaire.

**There may be a limit to the balance** that you can carry on your account. If this order takes you over the limit, you must include payment. Avoid delays in processing by using e-checks or a credit card. (See Section 3 for details.)

**Medco will make all possible efforts, as appropriate by law, to substitute generic formulations of medication, unless you or your doctor specifically directs otherwise.**

Pennsylvania and Texas laws permit pharmacists to substitute a less expensive generic equivalent for a brand-name medication unless you or your doctor directs otherwise. **Check the box if you do not wish a less expensive brand or generic medication.**

Please note that this applies only to new prescriptions and to any refills of that prescription.

**Automatic generic equivalent substitution** of certain brand-name medications is allowed by law in Texas, Florida, and Ohio, unless you or your doctor specifically directs otherwise.

The Empire Plan requires that when an equivalent generic is available, mandatory generic substitution applies. If a brand-name prescription medication is dispensed when a generic equivalent is available, the enrollee will be required to pay the applicable copay plus the difference in cost between the brand-name medication and the generic, not to exceed the full cost of the medication.

**For additional information** or help, visit us at [www.cs.state.ny.us](http://www.cs.state.ny.us) or call 1-877-7-NYSHIP (1-877-769-7447), Option 4. TTY/TDD users should call 1-800-759-1089.

*Federal law prohibits the return of dispensed controlled substances.*

**Mailing instructions:** Place your prescription(s), this form, and your payment in an envelope addressed to:

MEDCO HEALTH SOLUTIONS OF FAIRFIELD  
P.O. BOX 6500  
CINCINNATI OH 45201-6500



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