

Express Scripts MAIL-Order Form Checklist

Mail your prescription request to Express Scripts. Ensure the items listed below are provided to Express Scripts.

1. Completed Mail-Order Form. Ensure you provide the following on the form:

- The member number
- Mailing address
- Daytime phone number
- Patient's name
- Patient date of birth
- Prescribers name
- Prescriber phone number
- Payment method, if applicable

Mail your prescriptions to:

Express Scripts
P.O. Box 747000
Cincinnati, OH 45274-7000

Allow **7-11 days** to receive the new prescription if mailing it in. If your Doctor faxes the prescription, it will take about **5-8 days** for you to receive the medication once we receive the prescription from your doctor. The fax hotline the doctor calls is **888-327-9791**.

When the member receives their medication there will be important materials enclosed explaining how the refill process works.

2. Ensure Express Scripts has receipt of the member's completed Health, Allergy & Medication Questionnaire (HMQ) Form. The Health, Allergy & Medication Questionnaire (HMQ) Form is part of the mail order form and should be returned when mailing in a prescription. This questionnaire can also be completed online at www.Express-Scripts.com/healthform.

These instructions are for new prescription being sent to Express Scripts only. Refill prescription requests are to be submitted using the Express Scripts Refill Request form. Contact Express Scripts at 866-544-6968 for assistance with this process.