



## ORDER FORM

**I. PATIENT INFORMATION**

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_ M. Initial \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Shipping Address (if different)  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

**II. HEALTH INFORMATION**

• **Allergies**  Yes  No If yes, please list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 • **Medical Conditions**  Yes  No If yes, please list:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. INSURANCE INFORMATION**

*Name* \_\_\_\_\_  
 Relationship to Subscriber:  self  spouse  
 child  other

**SUBSCRIBER ID#**  
 \_\_\_\_\_

**IV. PAYMENT OPTIONS**

Credit Card:  American Express  MasterCard  
 Discover Card  Visa  
 Name listed on card:  
 \_\_\_\_\_  
 Credit Card # \_\_\_\_\_  
 Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_  
 (signature authorizes **BioScrip** to charge your credit card)  
 Check # \_\_\_\_\_ amount included: \$ \_\_\_\_\_  
 Money Order # \_\_\_\_\_ amount included: \$ \_\_\_\_\_  
 (Make check/money order payable to:  
**BioScrip**  
 P.O. Box 1778, Columbus, OH 43216)  
**PAYMENT MUST ACCOMPANY ORDER**

**V. PRESCRIPTION INFORMATION**

I am enclosing new original prescriptions written by my physician for the medications listed below  
 I choose to **REFILL** the medications that I have received from **BioScrip** previously using this form  
**SAVE TIME by using our 24-hour refill line at 1-877-316-8921**

Patient Name	Medication Name, Strength, Quantity	Doctor's Name	Doctor's Phone #	REFILLS (refill #)
1.				
2.				
3.				
4.				
5.				
6.				

**VI. PATIENT AUTHORIZATION**

I certify that the information on this form is correct, and authorize release of Information regarding my medical and prescription drug history to my program sponsor of the prescription drug program.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**INSTRUCTIONS FOR ORDERING YOUR MAINTENANCE MEDICATIONS**

**For New Prescriptions:**

- Please fill out the order form **completely** and print clearly. Use one order form for each patient ordering medication(s). Missing information delays the processing of your order.
- If using a credit card, be sure to include your credit card number. **BioScrip** cannot process or ship your order without payment in full. If you know your copayment, you can also pay by personal check or money order.
- **BioScrip** provides *free USPS* standard shipping for prescriptions. In most cases, your prescription will arrive within 7-10 business days after we receive your order. If you choose to have your medication shipment rush-ordered, additional costs will apply.

*Please note that pharmacy regulations prohibit **BioScrip** from honoring requests to cancel or return prescription orders after the order has been received.*

**For Refills:** If your medication was previously filled by **BioScrip**, you can refill your prescription by calling toll-free **1-877-316-8921 (1-877-517-9301** for TTY service), or ordering online at [www.bioscrip.com](http://www.bioscrip.com), or faxing the completed prescription reorder form to 1-800-205-7408.

**MEDICATION SUPPLY CONSIDERATIONS**

Be sure to place your order at least 21 days before you run out of your current medication supply. If you need a prescription fulfilled immediately, ask your doctor to write a 30-day prescription that you can have filled at your local pharmacy, and a 90-day prescription for you to send to **BioScrip**.

**BENEFIT INFORMATION**

**BioScrip** must adhere to your benefit plan. If an order cannot be processed due to benefit plan stipulations, **BioScrip** will contact you. Call the Member Services phone number provided on the back of your health plan ID card if you have questions about your drug benefits or copayments.

**Have questions about placing your order or your order status?**  
Call us toll-free at **1-877-316-8921 (1-877-517-9301** for TTY service).

**BioScrip**  
P.O. Box 1778  
Columbus, OH 43216  
[www.bioscrip.com](http://www.bioscrip.com)

**Hours of Operation:**  
Seven Days a Week  
24 Hours a Day