

Cigna Home Delivery Pharmacy **Prescription Order Form**



 Please complete this form for NEW and REFILL prescription medication. You can also order refills online at the website on your ID card.

• Print all information clearly as shown in the sample below using BLUE or BLACK ink.

1 2 3 4 A B C D

• Fill in the applicable ovals completely ().

Step 1: Insurance Cardholder Information	 Complete if above h 	as	cha	nge	d o	r ap	pea	rs k	olani	K					
email Person completing															
PHO-NE#- Order updates, reminders and other educational information may be sent to the email															
A L T - P H O - N E # address above for the following individuals:															
LAST NAME		F	I	R	S	T		N Z	A M						M
ADDRESS LINE 1															
ADDRESS LINE 2 CITY CITY															
ST ZIP -	O Address above is a one time address														
Step 2: Allergies & Health Conditions Complete this section every time															
Allergies						es			Health Condit			tions	5		
New customers must complete this section of left blank will mean no known drug allergies no change from information provided previous Cigna Home Delivery Pharmacy. Name (start with cardholder)	es or	None	Penicillin	Sulfa	Codeine/Morphine	Aspirin	Erythromycin	NSAIDS	Other (list below)	Diabetes	High Blood Pressure	Asthma	GI/GERD	High Cholesterol	Other (list below)
rvaine (start with cardinoider)		_	_	•			_	_		_				_	
LAST NAME	MM/DD/YY														
FIRST NAME	MM/DD/YY														
LAST NAME															
FIRST NAME	MM/DD/YY														
LAST NAME															
FIRST NAME	MM/DD/YY														
Please write the individual's name and list the	eir other allergies and ot	her	hea	alth	cond	ditio	ns r	efer	ence	ed ab	ove:				
	•														

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Step 3: Shipping Method												
	e only. Order proc	cessing is not	st. You are responsible for the caffected by SPECIAL SHIPPIN ending on weight and zone.									
O Standard Shipping \$0.00	0 USPS	S Priority Mail	2 - 3 Days \$9.25	Overn	ight Delivery	\$17.95						
Step 4: Method of Payment												
Check Money Order Please make check or money order payable to Cigna Home Delivery Pharmacy												
Total payment enclosed (excluding credit card payment):												
O VISA O Disco	over											
MasterCard Amer	rican Express	Credit / [Debit Card # Expiration Date									
O Use Credit / Debit Card on	File Last 4 dig	igits of Credit /	Debit Card	Expiration	on Date	/						
I allow Cigna Home Delivery Pharmacy to bill my credit / debit card for this and all future orders. I understand that my credit / debit card will be billed the following amounts in effect at the time my order is filled: any applicable copayment(s), coinsurance and/or deductible(s), payments due for any medications not covered, plus any special shipping costs. Step 5: Refill Prescriptions Attach label OR complete requested information												
Print Prescription Number Here			Print Prescri	Print Prescription Number Here								
Individual's Name Date of Birth Drug Name			Individual's Name Date of Birth Drug Name									
Print Prescription Number Here Print Prescription Number Here												
Individual's Name Individual's Name												
Date of Birth	Date of Birth											
Drug Name												
Step 6: New Prescriptions Include original written prescription from your doctor												
Please write the date of birth and the Cigna ID on the back of each prescription.												
	Ch	heck (√) One		Check								
Individual's Full Name		Do Not Fill Fill Now Now	Medication Name & Strength	(√) if Brand Only	Doctor's Fu	ull Name						
			-									

Pharmacy law allows pharmacists to substitute a less expensive generically equivalent medication for a brand name medication unless you or your doctor request the brand. By checking (\(\forall \)) "Brand Only", you may be responsible for a higher cost.

