

# CIGNA Tel-Drug Prescription Order Form



CIGNA Tel-Drug

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By submitting this form you are representing that the information is correct.

Please print all information clearly with a black or blue pen. Send original prescriptions only (copies will not be accepted).

Please do not staple any items to this form.

## STEP 1: MEMBER/EMPLOYEE INFORMATION

Member/Employee ID # (see insurance card)	Member/Employee's Full Name	Daytime Phone ( ) ( )	Alternate Phone ( ) ( )
Address			
City	State	Zip Code (+ 4)	E-mail Address
<b>Temporary Shipping Address IF DIFFERENT from Patient Address.</b> Effective dates of temporary shipping address Start: End:			
Name & Address	City	State	Zip Code (+ 4)

## STEP 2: PAYMENT INFORMATION

Failure to include payment may delay or prevent shipment of the order. Please include complete information when paying with a credit card.

For your protection, complete credit card information is not kept on file. Please select one of the following forms of payment.

Enclosed is a check or money order, made payable to CIGNA Tel-Drug.

I would like to pay full cash price for these medications (do not bill through my insurance): \_\_\_\_\_

Medication Names & Strengths

I authorize CIGNA Tel-Drug to bill my credit card. **Select One:**  American Express  Discover  MasterCard  VISA

I understand that my credit card will be billed any applicable copayment(s), coinsurance, and/or deductible(s) in effect as of the time that my order is filled, plus any special shipping expenses (excluding standard shipping) and payments due for any prescriptions that are not covered under my benefit plan in effect as of the time that my order is filled.

Credit Card Number	Expiration Date	Credit Cardholder Name
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## STEP 3: ALLERGIES & HEALTH CONDITIONS

New Tel-Drug Customers: Please indicate any allergies and health conditions.

Current Customers: Please make updates/changes (if any).

Indicate Allergic Reaction

- R = Rash/Hives
- S = Shock/Unconsciousness
- A = Asthma/Shortness of Breath
- N = Nausea/Vomiting
- O = Other Reaction

Patient's Full Name (Include nickname, Jr./Sr., etc.)	Male / Female	Birth Date	Major Health Conditions	Over-the-counter (OTC) Medications	Allergies							Other Allergies (Indicate reaction)	
					None	Aspirin	Cephalosporins	Codeine	Erythromycin	Ibuprofen	Penicillin		Sulfa

### STEP 4: REFILL PRESCRIPTIONS

The fastest, most convenient way to order refills is through CIGNA Tel-Drug's automated phone system - please call **1.800.835.3784** and press 1 for refills. Order refills by one method only. Do not include refills on this form which you have ordered or plan to order by phone or Internet. To refill current Tel-Drug prescriptions, enter the patient's name, medication name, and Rx #. *(The area below is for refills only. New Prescriptions are entered in Step 5).*

Patient's Full Name	Medication Name(s) & Strength(s)	Tel-Drug Rx Number(s)

### STEP 5: NEW PRESCRIPTIONS

To order NEW prescriptions, complete the information below.

Patient's Full Name	Birth Date	Check (✓) to keep prescription on file	Medication Name(s) & Strength(s)	Check (✓) if Brand Only*	Prescriber's Full Name	Prescriber's Area Code and Phone Number
		<input type="checkbox"/>		<input type="checkbox"/>		(   )
		<input type="checkbox"/>		<input type="checkbox"/>		(   )
		<input type="checkbox"/>		<input type="checkbox"/>		(   )
		<input type="checkbox"/>		<input type="checkbox"/>		(   )

*\*Generic drugs will be dispensed in all cases where legally permissible and medically appropriate, unless the above box is checked. By checking that box, a higher copayment amount may apply.*

### STEP 6: SHIPPING

**Standard shipping provided at no cost. Orders requiring refrigeration will be shipped overnight at no additional cost.**

**Special shipping does not expedite the processing time of your order. It will affect the shipping time once the processing is completed.**

**Special Shipping:** You may select special shipping by indicating one of the following. Please be advised that you are responsible for the additional cost.

<u>Shipping Method</u>	<u># of Days</u>	<u>Cost</u>	<u>Shipping Method</u>	<u># of Days</u>	<u>Cost</u>	<u>Shipping Method</u>	<u># of Days</u>	<u>Cost</u>
<input type="checkbox"/> UPS Saver	Overnight (by 7:00 PM)	\$15.00*	<input type="checkbox"/> USPS Priority Mail	2-3 Days	\$5.05*	<input type="checkbox"/> USPS Express Mail	Overnight	\$18.00*
<input type="checkbox"/> UPS (Overnight)	Overnight (by 12:00 noon)	\$15.00*	<input type="checkbox"/> Federal Express	Overnight	\$18.00*			

*\*Shipping fees may be subject to change by carrier without prior notification and may vary depending on weight and zone.*

**Thank you for choosing CIGNA Tel-Drug. If you have any questions, please call us at 1-800-835-3784.**

**Please note:** At times it may be necessary to switch manufacturers on generic medications. This may cause a change in appearance (*size, shape and/or color*) of the medication. Please contact us if you have any questions about your medications. "CIGNA Tel-Drug" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C., operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation.