	New Prescription Order Form			
Florida Blue	Mail this form to: PrimeMail [®] PO Box 660319 Dallas, TX 75266-0319	For added service: Visit www.floridablue.com or call 888.849.7865 TTY 711 Llame la farmacia de PrimeMail en 888.849.7865 o el registro sobre nuestro sitio del web en www.floridablue.com		
	Card Haldar's Data of	Dirth (mm/dd/sass)		
Card Holder's ID	Card Holder's Date of			
Card Holder's Last Name		Card Holder's First Name MI		
Patient's Last Name (if different than	n card holder's last name) Patien	t's First Name MI		
Patient's Gender: () Male () Fema	le Patient's Date of Birth (mm/dd/y	yyy) Patient's Phone Number		
Patient's Permanent Address				
City	Sta	te Zip Code		
Patient's E-mail Address		Contact by: () E-mail () Phone		
DRUG ALLERGIES	HEALTH CONDITIONS	3		
() None () Codeine () Si () Aspirin () Erythromycin () Per () Other () () () () () () () () () () () () () (ulfa () Arthritis () Diabetes enicillin () Asthma () Depressio () Other	 Glaucoma High cholesterol Heart condition Hypertension 		
PATIENT'S NEW PRESCRIPTIO	NS			
Drug Name F	Physician/Prescriber's Name & Phone I	Number Do not fill at this time		
		0		
		0		
		0		

Total Number of Prescriptions:

Mail the original physician-signed prescriptions with this completed form. For multiple dependents please use multiple forms. If more than 3 prescriptions are needed, write the requested information from this table on a separate piece of paper and enclose with your order. Additional processing time may be required for prescriptions that require physician clarification. For prescriptions to be filled at a later date, call the customer service number above to activate.

SHIPPING INFORMATION	N			
O Regular: No charge	() Second business day	: \$15* () Next	business day: \$22*	*Additional costs charged to you.
Shipping time does not inc We are unable to ship secon Shipping address must be a	nd business day or next bu			
Alternate Shipping Address ((if different than permanen	nt address)		
City	State	Zip Code	Phone Number	
() This is a change of addres	ss () This is a one tir	me address	Seasonal address from	m to
PAYMENT INFORMATION	1			
Payment is due with each ord may delay processing. There			money order. Orders re	eceived without payment
Check or money order Please make check or mone include your member ID on t) Check	() Money Order
Credit card information To authorize payment by cre MasterCard, VISA and Amer otherwise.				
Credit Card Number		Expiration Date		
) Use credit card on file, wit	h the last 4 digits of:			
Signature			Date	
Pharmacy law may permit pl	harmacists to substitute a	less expensive FDA	A-approved generically	y equivalent medication

Pharmacy law may permit pharmacists to substitute a less expensive FDA-approved generically equivalent medication for a brand-name medication unless you or your prescriber indicate otherwise. Some health plans require the patient to pay the difference between generic and brand name cost.

By returning this form to PrimeMail, you consent to the release and use of the patient's health information to the patient's health plans and health care providers/agents for health benefits management. Prime Therapeutics' use or disclosure of individually identifiable health information, whether furnished by you or obtained from other sources such as medical providers, shall be in accordance with federal privacy regulations under HIPAA (Health Insurance Portability and Accountability Act of 1996).

PrimeMail may contact your physician for clarification and safety purposes, which may result in your physician prescribing a different, clinically appropriate product.

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