



14050

BlueCross BlueShield of South Carolina Mail Service Order Form

For more information, visit our Web site at www.SouthCarolinaBlues.com or call 1-888-963-7290.

Instructions: Please PRINT in CAPITAL letters using BLACK ink only. Fill in the applicable ovals completely (). Mail this completed form, the doctor's signed prescription(s), and your payment to Caremark in the envelope provided. Rev. 11/04

lember Identificat	ion Nur	nber (reier u	J		<i>II GI I</i> C		u) 			7													
		ļШI										(=)												
ember Name (Las	t Name,) 										(Firs	t Nam	e)										(N
elivery Address <i>(if</i>	you sele	ct 2nd	l Day o	r Ne	xt Day	y ship	ping	, fill i	in a s	treet	addı	ress, r	not a F	20. B	ox)									
ty																	Sta	te			Zip			
aytime Phone Nu	mber																							
	_				Abov	e deli	very	add	dress	is:		For	this o	rdei	onl	y		Fo	rthi	is ar	nd a	ll fu	ture	orde
mail Address (Opt	ional)																							
formation will no access your healt ark all allergies or c completely filling	t be sho h inforn condition in the ov	ned w nation os that val bel	vith an n. apply ow tha	to yet de:	ou, you	party ur spo on. Co	use ntac	or co	overe ur do	useho d dep ctor if	ende you	nemb ents are	ers al.	śo u	se t	his e			ıddr	ess,	the			be al
oformation will no of access your healt ark all allergies or of of completely filling onsure about any he	t be sho th inform condition in the ov alth con	nred w nation ns that val belo dition:	vith and	to you to des infoi	ou, you scription	party ur spo on. Co on wil	use ntac not	or co et you t be i	overe ur do requi	d dep ctor if red o	ende you	nemb ents are	ers al.	śo u	se t	his e	?-ma	ail a	ıddr	ess,	the	y m	ay t	be ab
formation will no access your healt ark all allergies or o completely filling nsure about any he der forms unless th	t be sho h inform condition in the ov alth con ere has	nred w nation ns that val belo dition:	vith and	to you to des infoi	ou, you scription	party ur spo on. Co on wil	use ntac not	or co et you t be i	overe ur do	d dep ctor if red o	ende you	nemb ents are				his e	?-ma	ail a	ıddr			y m	ay t	be ab
roviding your e-m of access your healt lark all allergies or of y completely filling insure about any he order forms unless the	t be sho h inform condition in the ov alth con ere has	nred w nation ns that val belo dition:	vith and	to you to des infoi	ou, you scription	party ur spo on. Co on wil	use ntac not	or co et you t be i	overe ur do requi	d dep ctor if red o	ende you	nemb ents are	ers al.	śo u	se t	his e	?-ma	ail a	ıddr	ess,	the	y m	ay t	be ab
formation will not access your healt ark all allergies or a completely filling issure about any heder forms unless the complex's First Name	t be sho th inform condition in the ovalth con ere has	nred w nation ns that val belo dition:	vith and	to you to des infoi	ou, you scription	party ur spo on. Co on wil	use ntac not	or co et you t be i	overe ur do requi	d dep ctor if red o	ende you	nemb ents are	ers al.	śo u	se t	his e	?-ma	ail a	ıddr	ess,	the	y m	ay t	be ab
formation will not access your healt ark all allergies or a completely filling issure about any heder forms unless the complex's First Name	t be sho th inform condition in the ovalth con ere has	nred w nation ns that val belo dition:	vith and	to you to des infoi	ou, you scription	party ur spo on. Co on wil	use ntac not	or co et you t be i	overe ur do requi	d dep ctor if red o	ende you	nemb ents are	ers al.	śo u	se t	his e	Other Allergy	Diabetes Diabetes	ıddr	ess,	the	y m	ay t	be ab
formation will not access your healt ark all allergies or or completely filling issure about any healt der forms unless the course's First Names oouse's First Names	t be sho h inform condition in the oval alth con ere has	nred w nation ns that val belo dition:	vith and	to you to des infoi	ou, you scription	party ur spo on. Co on wil	use ntac not	or co et you t be i	overe ur do requi	d dep ctor if red o	ende you	nemb ents are	ers al.	śo u	se t	his e	Other Allergy	Diabetes Diabetes	Thyroid Thyroid	ess,	the	y m	ay t	be ab
of formation will not access your healt ark all allergies or or completely filling asure about any healt der forms unless the lember's First Name pouse's First Name	t be sho h inform condition in the oval alth con ere has	nred w nation ns that val belo dition:	vith and	to you to des infoi	ou, you scription	party ur spo on. Co on wil	use ntac not	or co et you t be i	overe ur do requi	d dep ctor if red o	ende you	nemb ents are	ers al.	śo u	Penicillin Allergy ass	his e	Other Allergy	O Diabetes	Thyroid C	Heart Condition	High Blood Pressure	n Ulcers	ay t	be ab
oformation will not access your healt ark all allergies or of completely filling asure about any heder forms unless the	t be shoth information the overalth condition ere has left.	nred w nation ns that val belo dition:	vith and	to you to des infoi	ou, you scription	party ur spo on. Co on wil	use ntac not	or co et you t be i	overe ur do requi	d dep ctor if red o	ende you	nemb ents are	ers al.	śo u	Penicillin Allergy ass	Sulfa Allergy siq	Other Allergy	O Diabetes	Thyroid C	Heart Condition	High Blood Pressure	n Ulcers	epilepsy Epilepsy	be ab
formation will no access your healt ark all allergies or of completely filling asure about any he der forms unless th ember's First Name couse's First Name	t be shoth information the overalth condition ere has left.	nred w nation ns that val belo dition:	vith and	to you to des infoi	ou, you scription	party ur spo on. Co on wil	use ntac not	or co et you t be i	overe ur do requi	d dep ctor if red o	ende you	nemb ents are	ers al.	No Known Allergies	O Penicillin Allergy	Sulfa Allergy	Other Allergy ——	O Diabetes	Thyroid C	Peart Condition	the High Blood Pressure	ry m	eay E	Glaucoma appearance of the Conditions
of formation will not access your healt ark all allergies or or completely filling asure about any healt der forms unless the sember's First Name oouse's First Name ependent's	t be shoth information in the own alth conference has less than the own alth conference has less than the less tha	nred w mation ns that val belo dition: been a	vith and 1. apply ow that s. This chang	to you to you to de informe in	ou, you scription mation health	party ur spoon. Co nn wil	v. If course ntace not not is.	or co	povere ur do requi	d dep ctor if red o	ende you	nemb ents are	ers al.	No Known Allergies	O Penicillin Allergy	Sulfa Allergy	Other Allergy ——	O Diabetes	Thyroid C	Peart Condition	the High Blood Pressure	ry m	eay E	be ab
formation will not access your healt ark all allergies or or completely filling asure about any he der forms unless the hember's First Name pouse's First Name ependent's First	t be shoth information in the own alth conference has less than the own alth conference has less than the less tha	nred w mation ns that val belo dition: been a	vith and 1. apply ow that s. This chang	to you to you to de informe in	ou, you scription mation health	party ur spoon. Co nn wil	v. If course ntace not not is.	or co	povere ur do requi	d dep ctor if red o	ende you	nemb ents are	ers al.	No Known Allergies	O Penicillin Allergy	Sulfa Allergy	Other Allergy ——	O Diabetes	Thyroid C	Peart Condition	the High Blood Pressure	ry m	eay E	Glaucoma and Other Conditions
of formation will not access your healt ark all allergies or or completely filling asure about any healt der forms unless the sember's First Name pouse's First Name pendent's First Name	t be shoth information in the own alth conference has less than the own alth conference has less than the less tha	nred w mation ns that val belo dition: been a	vith and 1. apply ow that s. This chang	to you to you to de informe in	ou, you scription mation health	party ur spoon. Co nn wil	v. If course ntace not not is.	or co	povere ur do requi	d dep ctor if red o	ende you	nemb ents are	ers al.	No Known Allergies	O Penicillin Allergy	Sulfa Allergy	Other Allergy ——	O Diabetes	Thyroid C	Peart Condition	the High Blood Pressure	ry m	eay E	Glaucoma appearance of the Conditions
formation will not access your healt ark all allergies or or completely filling asure about any he der forms unless the ember's First Name pouse's First Name ependent's First N	t be shoth information in the ovalith condition in the ovalith condition ere has less than the example.	nred w mation ns that val belo dition been a	vith and and a supply ow that so, This change	to you to you to you to desinfor the in	ou, you scription mation health	party ur spoon. Co on will statu M	v. If course ntace ntace not iss.	or control	r hou	d dep ctor if ired o late Y Y	ende fyou n fut	nemb ents are ture	pers al. (M / F) Male/Female (M / F)	O No Known Allergies no so	se t C Penicillin Allergy	his e Snlta Allergy	Other Allergy Other Allergy	Oliabetes	addr Ulyvoid	Heart Condition	the High Blood Pressure	ery m	eay E	Glancoma and Conditions

New Prescription Information Enclose original doctor-signed prescription(s) and payment with this form. Ask your doctor to write your mail order prescription for the maximum supply allowed by your plan (if appropriate).
Prescriptions are for: O Member Spouse of Member Dependent(s)
Total number of medications in this order:
Doctor Name (Last Name) (First Name)
Doctor Phone Number
Prescription Bottle Cap: A child-resistant cap is included with every order. Mark here if you would also like an easy-open cap.
Caremark may contact your doctor regarding your prescription. This may result in your doctor prescribing a different clinically-appropriate product in place of your original prescription. If you do not want your doctor contacted about a preferred, potentially cost-saving product, mark here.
¿Quiere las instrucciones en español? (Spanish label instructions?)
Generic Medications: We want to provide you with high quality medications at the best possible price. In order to do this, we may occasionally contact your doctor to obtain authorization to dispense the generic version of your brand-name drug. Receiving generics often results in savings to you. No change to a generic will be made without the consent of your doctor. If you do not want us to substitute a generic, when appropriate, please list the drug name(s) below that you do not want us to substitute.
Drug Name(s) 1 2
3 4
Your order will be shipped standard delivery at no charge. Please allow 14 days from the date you mail your order for delivery of your medicine. If you prefer expedited delivery, mark the appropriate oval. Expedited shipping only affects shipping time, not processing time of your order. 2nd Business Day = \$10 (per order) Next Business Day = \$15 (per order)
All medications in this order will be sent in the same package to the address provided. If a family member does not want his or her medicine sent in the same package as that of other family members, he or she should complete a separate order form.
Payment, when applicable, is due with each order and may be made by credit card or check. Payment by credit card is preferred. If paying by check, make the check payable to Caremark. Please write your member identification number on your check. There is a \$20 returned check charge. Do not send cash. Orders received without payment may result in a delay of processing. Any outstanding balances will be the responsibility of the primary insured. If you have questions about your payment amount, call the phone number printed on the front of this form.
Credit Card (provide information below) Payment by Check or Money Order
O MasterCard O Visa O Discover O American Express O If you want all future orders to be billed to this card, mark here.
Credit Card # Exp. Date (MM-YYYY)
Credit Cardholder Signature
The credit card will be charged for drug costs, expedited shipping (if applicable) and any outstanding balances due. By returning this form to Caremark, you consent to the use and release of your health information and that of your covered dependents (if you are their guardian or authorized representative) to your health plans and health care

providers/agents for health benefits management.