



PRESCRIPTION DRUG MAIL ORDER ENROLLMENT

Orchard Pharmaceutical Services is a mail order pharmacy for its members. Orchard offers **home delivery** of monthly medications with **NO shipping or handling fees** for standard delivery. You may receive up to a 90 day supply of most medications delivered right to your door before you are out of medication.

To obtain your mail order prescriptions from Orchard you will need to create an account. You can create an account before you are ready to order. To create an account and enroll in Orchard you must do one of the following:

- ▶ Complete the Enrollment Form
- ▶ Mail to Orchard Pharmaceutical Services, LLC. at: **7835 Freedom Ave NW, North Canton, OH 44720**; or
- ▶ Enroll on-line at **www.orchardrx.com**; or
- ▶ Enroll via telephone at **1-866-909-5170** or TTY 711 (Monday-Friday 8:00am-10:00pm & Saturday 8:30am-4:30pm)

M E M B E R I N F O R M A T I O N

Last Name: _____ First Name: _____ Middle Initial: _____
 Address: _____ Apt #: _____
 City: _____ State: _____ Zip Code: _____ Phone Number: _____
 Group Number: _____ Member Identification Number : _____
 Date of Birth: _____ Sex: M F E-Mail: _____
Drug Allergies: No Known Allergies Erythromycin Penicillin Codeine Aspirin
 Sulfa Other: _____

P A Y M E N T I N F O R M A T I O N

CREDIT CARD: Visa Mastercard Discover AMEX
 Print name as it appears on card: _____
 Card Number: _____ Exp. Date MM/YYYY: _____ CVV: _____

_____ Please initial this line to authorize Orchard to charge your credit card to pay for each pharmacy order. Charge dates and amounts will vary with each order.

SIGNATURE: _____

If paying by check or money order, mail payment to Orchard Pharmaceutical Services.

Mail your original prescriptions with this Enrollment Form or have your doctor fax them directly to 1-866-909-5171.

Once we begin to fill your prescriptions you may order refills 24 hours/7 days a week by calling 1-866-909-5170 or TTY 711 (Monday-Friday 8:00am-10:00pm & Saturday 8:30am-4:30pm) to speak with a representative or our automated system. You may also order refills on-line at our website at www.orchardrx.com

SPECIAL HANDLING

_____ Please initial on this line if you do NOT want child-proof caps mailed to your household. Snap caps or easy off lids will be sent with your medications if this line is initialed.

GENERICS: Orchard Pharmaceuticals will automatically dispense the generic drug unless your prescriber writes "D A W" (dispense as written) on the prescription and the brand name drug is medically necessary. Brand name drugs typically require you to pay a higher co-payment.

USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION

The Health Insurance Portability and Accountability Act of 1996 states that you have the right to have one or more persons act as your representative to make decisions about the uses and sharing of your protected health information. You can limit the amount of protected health information that the authorized personal representative(s) can decide about, and you can cancel this at any time.

DESIGNATION OF PERSONAL REPRESENTATIVE

I, (Name) _____ (Date of Birth) ____ / ____ / ____ hereby name the following person to act as my authorized personal representative with respect to decisions involving the use and/or sharing of protected health information that pertains to me.

(Print Name of Personal Representative)

(Relationship of Personal Rep to Member)

(Phone Number of Personal Representative)

PLEASE CHECK ONLY ONE BELOW:

The person named above is to be given all of the privileges that would be given to me with respect to my protected health information;

OR

The person named above is acting as my designated personal representative ONLY for the following function(s): _____

I understand that I may cancel this designation at any time by contacting Orchard at **1-866-909-5170** or TTY 711 (Monday-Friday 8:00am-10:00pm & Saturday 8:30am-4:30pm). I understand any cancellation can only apply to future disclosures or actions regarding my protected health information and cannot cancel actions taken or disclosures made while the designation was in effect.

SIGNATURE:

DATE: