STEP 4 – Method of Payment
Fill in the appropriate oval for your method of payment. If you are paying by check or money order, please write your Health Net ID number on the check. If you are paying by credit card, be sure to include your signature. Payment by credit card is the preferred method of payment. We accept VISA®, MasterCard®, Discover®, or American Express®. DO NOT SEND CASH.

STEP 5 – Enclose Your Prescription
Make sure you enclose the original prescription(s) you receive from your doctor (not photocopies).

That’s It!
Now, simply mail your order form along with your prescription(s) and payment in the envelope provided, or use your own envelope and mail the form and payment to the Caremark Mail Order Pharmacy address printed on the form. Please be sure to fold the mail order form along the fold lines so the Caremark Mail Order Pharmacy address shows through the window of the envelope.

3 Ways to Refill
Online. You can request your mail order refills at www.healthnet.com. Register online to receive refill reminders, informative newsletters and other important alerts. Have your Health Net ID number handy to register.

By Phone. Call the toll-free Caremark Customer Service phone number at 1-888-624-1139 (TTY 1-866-236-1069) for a fully automated refill service. Have your Health Net ID number ready.

By Mail. You will receive an order form with every prescription order. Simply fill in the ovals for the prescriptions you want to refill. If you need to refill a medication that is not listed, write in the prescription number(s) in the space provided. Send the order form to Caremark and enclose your payment, if your plan requires a payment.

Questions?
If you have any questions about mail order, please call Caremark Customer Care toll-free at 1-888-624-1139, TTY 1-866-236-1069. If you have any questions about your Health Net benefits, please call the phone number on your Health Net ID card.
Your Mail Order Pharmacy

The benefits of using mail order
How would you like the convenience of having your prescription medications delivered directly to your home or office, saving you time and trips to a participating retail pharmacy. Using your mail order pharmacy benefit may even save you money! With mail order, you may be able to receive up to a 3-month supply of your medication at significantly less than you would pay at a participating retail pharmacy.

By using the mail order pharmacy you can:

• Receive an extended supply of your prescription medications
• Enjoy the convenience of having your medications delivered to a location of your choice – home, office, vacation spot
• Speak to a registered pharmacist 24 hours a day, seven days a week
• Order medications and get health information online at www.healthnet.com

Getting Started
If you need your prescription filled right away, ask your doctor to write two prescriptions for your medication:

• The first for a short-term supply (e.g., 30-days) to be filled right away at a retail pharmacy
• The second for the maximum days supply allowed (up to a 3-month supply) with as many as three refills (if appropriate) to be mailed to the Caremark Mail Order Pharmacy

If you’re not in a hurry, just mail your prescription for a 3-month supply (with any appropriate refills) to Caremark.

Filling Out the Mail Service Order Form
Follow these five easy steps to fill out your mail service order form:

STEP 1 – Health Net ID Number
Fill in your ID number from your Health Net ID card. (On your next order, your ID number will be pre-printed on your order form.)

STEP 2 – Address
Fill in your complete address. Be sure to fill in the oval if the address listed is a one-time only address.

STEP 3 – Prescription Information
You may use one mail service order form to order medications for more than one person in your household if both share the same Health Net ID number. (If both do not share the same Health Net ID number, separate mail service order forms are needed.) Provide the requested information for the first person for whom a prescription(s) is being submitted.

• Indicate if you would like your order to include Easy open caps. All orders are normally shipped with safety caps or dual-purpose caps (which can be converted from child-safe to easy open).

• Be sure to completely fill out your Doctor’s Name and Telephone Number.

• Fill in the ovals under “Allergies” if you are allergic to any drugs or foods. If you do not see the allergy listed, fill in the “Other” oval and write in the allergy.

• Fill in the ovals if you have any health “Conditions.” If you do not see your health condition listed, fill in the “Other” oval and write in the health condition.
Enter ID# if not shown or different from above

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Suffix (JR, SR)</th>
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Street Address

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Daytime Phone #: [____-____-____] Evening Phone #: [____-____-____]

### REFILL INFORMATION:

To order mail service refills, enter your prescription number(s) here:

1) _______ 2) _______ 3) _______ 4) _______

5) _______ 6) _______ 7) _______ 8) _______

Sign up to receive messages about your mail order prescriptions. You choose how you want to receive messages: via email, automated phone call, or text message! To enroll, go to [www.healthnet.com](http://www.healthnet.com) or call CVS Caremark Customer Care at 1-888-624-1139, TTY 1-866-236-1069.

NOTICE: The automated CVS Caremark callback system is a computer generated telephone message that will be left with whomever answers the phone at the phone number you provide. If you want to keep your prescription information private, please provide a private telephone number.

Prescriptions sent in one envelope may be shipped together unless you request otherwise.
1st PERSON ORDERING A PRESCRIPTION

LAST NAME  FIRST NAME  M  Suffix (JR, SR)
NICKNAME  Gender  M  F  Date of Birth  MM-DD-YYYY  Date new prescription written:

Doctor's Last Name  Doctor's First Name  Doctor's Phone #

ALLERGY/HEALTH INFORMATION: COMPLETE ONLY IF CHANGED OR NOT PREVIOUSLY REPORTED

Allergies:  None  Aspirin  Cephalosporin  Codeine  Erythromycin  Peanuts  Penicillin  Sulf  Other:
Conditions:  Arthritis  Asthma  Diabetes  Acid Reflux  Glaucoma  Heart Problem  High Blood Pressure  High Cholesterol  Migraine  Osteoporosis  Prostate Issues  Thyroid  Other:

2nd PERSON ORDERING A PRESCRIPTION

LAST NAME  FIRST NAME  M  Suffix (JR, SR)
NICKNAME  Gender  M  F  Date of Birth  MM-DD-YYYY  Date new prescription written:

Doctor's Last Name  Doctor's First Name  Doctor's Phone #

ALLERGY/HEALTH INFORMATION: COMPLETE ONLY IF CHANGED OR NOT PREVIOUSLY REPORTED

Allergies:  None  Aspirin  Cephalosporin  Codeine  Erythromycin  Peanuts  Penicillin  Sulf  Other:
Conditions:  Arthritis  Asthma  Diabetes  Acid Reflux  Glaucoma  Heart Problem  High Blood Pressure  High Cholesterol  Migraine  Osteoporosis  Prostate Issues  Thyroid  Other:

Special Instructions:

PAYMENT INFORMATION: Select one payment method below.

- Electronic Check Processing (Please pre-register at www.healthnet.com or call Customer Care)
- Bill Me Later® (Subject to credit approval. Please pre-register at www.healthnet.com or call Customer Care)
- Credit/Debit Card (VISA, MasterCard, Discover or American Express)
  - Charge most recently used credit card
  - Charge new/updated credit/debit card (provide info below)
    - CREDIT CARD #  Exp. Date  MMYY
    - Check/Money Order: Amount $  

Make check or money order payable to CVS Caremark and write your ID# on the check/money order. Returned checks will be subject to a fee of up to $40, depending on state law.

The selected payment method (unless paying by check) will be charged for future orders, unless a different form of payment is provided. It will also be charged for any outstanding balance due.

Fill in oval if you DO NOT want the selected payment method to be automatically charged for future orders.

REGULAR DELIVERY IS FREE
(Allow up to 10 days for delivery)

Fill in oval for faster delivery:
- 2nd Business Day $17 per order
- Next Business Day $23 per order
(Charges subject to change)

Faster delivery options only affect shipping time, not processing time and can only be sent to a street address, not a P.O. box.

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