



Order form (please print)

Patient Name (First MI Last)		Date of Birth	
Shipping Address*			
City		State	Zip
Preferred Phone Number		Alternate Phone Number	
Wellmark ID Number		Group Number	

*A physical address (not a P.O. Box) is typically required for temperature-sensitive medications and controlled substances.

Shipping Methods	<input type="checkbox"/> Normal (no charge)	<input type="checkbox"/> 2nd Day Air (\$11.00)	<input type="checkbox"/> Next Day Air (\$25.00)
-------------------------	---	--	---

Payment methods

- Check
- Money Order
- Visa
- MasterCard
- American Express
- Discover

Credit Card Payments
choose one:

- One-time use only
- Approved for future recurring orders

Credit Card # _____

Exp. Date _____

Name of Cardholder

Make check payable to: Catamaran Home Delivery.
DO NOT send cash. Orders received without payment may result in delays in processing and may therefore extend delivery times.

I certify the information provided on this form is correct. I authorize the release of all information to the plan sponsor, administrator or underwriter. I authorize Catamaran to substitute generic drugs in all cases where permissible under applicable state laws and consistent with doctor's orders.

Signature

Date

Total Copayment \$ _____

Shipping \$ _____

Total \$ _____

State and federal regulations require patient identification when dispensing controlled substance prescriptions. Please provide **one** of the following:

Driver's License _____

State Number _____

— or —

Social Security Number _____

Contact us

Catamaran Home Delivery
P.O. Box 166
Avon Lake, OH 44012-9927

Member Services
Phone: 866-611-5961 (TTY: 888.206.8041)
Fax: 800-893-2299
Monday-Friday 9 a.m. -11 p.m. (CT)
Saturday 9 a.m. -6 p.m. (CT)



Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

Blue Cross®, Blue Shield® and the Cross® and Shield® symbols are registered marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans.

Wellmark® is a registered mark of Wellmark, Inc.

Catamaran™ is a registered trademark of Catamaran Inc., a company that provides pharmacy services on behalf of Wellmark Blue Cross and Blue Shield. © 2012 Wellmark, Inc.



Mail Order Pharmacy

“Save me a trip to the pharmacy.”

The convenient, cost-effective way to fill prescriptions

No more lines at the pharmacy

If you have Wellmark prescription drug coverage, you can enjoy delivery of your medications to your home or any location through Catamaran™ Home Delivery.

Getting started

- 1 Have your doctor write your prescription for the maximum days supply allowed by your plan (typically a 90-day supply plus 3 refills for a one-year supply).
- 2 Write your name, date of birth and identification number on the back of each original prescription.
- 3 Complete the patient profile and order form sections of this brochure. Mail the form, original prescriptions and payment information to:

Catamaran Home Delivery
P.O. Box 166
Avon Lake, OH 44012-9927

Most orders are shipped through the U.S. Postal Service with delivery to your home, office or alternate location. Controlled substances may require an adult signature upon receipt.

Packaging does not indicate that medications are enclosed.

Please allow 10 – 14 days for delivery of your prescriptions. Expedited shipping options are also available. Please note that this only reduces transit time and will NOT affect the processing time of your prescription. If you do not get your order within 14 days, please contact Catamaran Member Services at **866-611-5961**.



Frequently asked questions

What drugs are covered?

Prescription drugs that are covered by your Wellmark prescription drug plan are available through mail order. Insulin, insulin syringes and test strips need a prescription when you order them through Catamaran Home Delivery.

When will I get my order?

You should receive your order within 10 – 14 days. Please allow a few extra days for your first order.

Am I charged for shipping?

Shipping is free. You can get next-day or second-day delivery for an extra charge.



Patient profile

Use one form per patient. Additional forms are available on Wellmark.com.

Please review your order carefully. Once submitted, an order cannot be cancelled or returned.

Drug Allergies						Medical Conditions					
Other	Penicillin	Codeine	Sulfa	Aspirin	None	Other	Diabetes	Glaucoma	Heart Condition	High Blood Pressure	Thyroid
Patient Name (First MI Last) _____						Describe other allergies or conditions:					
Date of Birth _____ <input type="checkbox"/> Male <input type="checkbox"/> Female											
Plan Member (Insured) _____											
Wellmark Member ID Number _____											
Relation to Member <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent											



Prescription info

If you would like Catamaran to contact your physician to request a prescription for you, please provide the information below. Your order will be shipped once we receive the prescription.

Drug Name and Dosage	Doctor Name	Doctor Phone #	Doctor Fax #

If a prescription medication is entered above, but a doctor's prescription is NOT enclosed, we will contact the physician listed.

Catamaran Home Delivery is committed to protecting your privacy. Please read the Notice of Privacy Practices on mycatamaranRx.com for details.