

# MIDWEST BENEFIT PHARMACY



P.O. BOX 729  
LA GRANGE IL 60525-0729



## MAIL SERVICE ORDER FORM

<b>Member's Name:</b>	<b>Member ID No:</b> MOE _____ <b>Or SSN:</b> --            --
<b>Daytime Phone No.:</b> (        )        -	<b>Evening Phone No.:</b> (        )        -
<b>Address:</b>	<b>No. of Prescriptions:</b> New + Refill = Total  _____ + _____ = _____
<b>City, St, Zip:</b>	

**Shipping Address: (if different from above)**

<b>Address:</b>	<b>City, St, Zip:</b>
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**Method of Payment:**

<p>If your card number is already on file with the Pharmacy simply include the last 4 digits and the expiration date</p> <p><b>Visa                      MasterCard</b></p> <p><b>Card No:</b> _____</p> <p><b>Expiration Date:</b> ____/____</p>	<p><b>Direct Payment MOE Credit Union</b></p> <p><b>Account No:</b> _____</p> <p>To use this option you must have a Pharmacy Authorization Form on file with the Credit Union</p>
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Your Account will be charged as follows:

- **Generic Prescriptions** - \$5.00 Co-pay per 30 day supply.
- **Brand Name with no Generic alternative** - \$10.00 Co-pay per 30 day supply.
- **Brand Name with Generic alternative** - \$10.00 Co-pay per 30 day supply plus the difference in cost between the Brand Name and the Generic alternative.

**DO NOT SEND CASH OR CHECK – THESE ARE NOT ACCEPTABLE FORMS OF PAYMENT**

**Method of Shipping:**

<b>Standard Mail</b>	<b>Express Mail</b> Your account will be charged an additional \$15 for Express mail delivery
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**New Prescription Information: (Remember to include your script with this form)**

<b>Patient 1:</b>			<b>Patient 2:</b>		
<b>Date of Birth:</b>	/	/	<b>Date of Birth:</b>	/	/
<b>Relationship to Participant:</b>	Self Son Full -Time Student	Spouse Daughter Other	<b>Relationship to Participant:</b>	Self Son Full -Time Student	Spouse Daughter Other
<b>Dr's Name:</b>			<b>Dr's Name:</b>		
<b>Dr's Phone:</b> (      )      -			<b>Dr's Phone:</b> (      )      -		

**Additional Dr. Information**

<b>Dr's Name:</b>	<b>Dr's Name:</b>
<b>Dr's Phone:</b> (      )      -	<b>Dr's Phone:</b> (      )      -

**Refill Information:** Insert the refill slip(s) included with your previous order. If you don't have the slip available print the refill number(s) below.

<b>RX Number:</b>	<b>RX Number:</b>
<b>RX Number:</b>	<b>RX Number:</b>
<b>RX Number:</b>	<b>RX Number:</b>
<b>RX Number:</b>	<b>RX Number:</b>
<b>RX Number:</b>	<b>RX Number:</b>

For your convenience the Midwest Benefit Pharmacy can now take your refill order over the phone 24 hours a day/7days a week at **(866) 850-9310**. Simply dial in and follow the instructions to place your order. Please have your refill number(s) handy along with your Visa or Master Card number or your Credit Union account number. In order to use your Credit Union Account you will need to have a Pharmacy Authorization form on file at the Credit Union.