



INSTRUCTIONS FOR REFILLS and NEW PRESCRIPTIONS



Refills Online (You need a credit card to order online) Visit www.rxoutreach.org; sign in, your account activity will appear and those prescriptions available for refill will be listed under the Prescription Category. Check the refill box on those prescriptions you wish to refill and follow the remaining steps to complete you order.

Refills by Phone (You need a credit card to order by phone) - Call 1-888-RXO-1234 (796-1234) from 7:00 am to 5:30 pm CT Monday - Friday to place an order or use our automated system by calling 1-888-RXO-1234 24 hours a day/7 days a week

Refills by Mail - Complete Sections A, B, and C below and mail the form and your payment to Rx Outreach

New Prescriptions by Mail - Complete Sections B and C below and mail the form, your prescription, and payment to Rx Outreach

To order controlled substances (CS), you must attach a copy of your photo ID card (for example, a driver's license or state ID card) and a copy of your Social Security Card or Green Card. Controlled Substances will be shipped separately from other medications. CONTROLLED SUBSTANCES CAN NOT BE SHIPPED TO A PO BOX OR DOCTOR'S OFFICE. YOUR SHIPPING ADDRESS MUST BE A DELIVERABLE U.S. POSTAL SERVICE STREET ADDRESS. Controlled substance medications are only allowed up to a maximum of a 90-day (3 months) supply. If a doctor authorizes enough doses to be filled over 5 months (maximum allowed by law), the prescription is allowed 1 refill of a 90-day supply.

Enrolling in Rx Outreach for the first time...

Please complete the following information as well as the information in Sections B and C. Mail this form, your prescription(s), and payment to Rx Outreach.

I attest that my income is at or below 300% of the federal poverty level. Annual income \$ _____ # in Household _____. I will not seek reimbursement of any fee I pay to Rx Outreach from my health insurance, including Medicaid, Medicare, or similar programs.

Section A: Refills by Mail (use an additional sheet of paper if necessary)

Please fill in the below section for refills by mail. Mark whether you would like a 90-day or 180-day supply for each medication listed. Not all medications are available in a 180-day supply (please refer to the enclosed drug list). If necessary, we may contact you or your doctor for additional information.

Table with 5 rows for medication refills. Columns: Rx Number, Product Name, 90-day supply, 180-day supply, Administrative Fee. Includes a Total row at the bottom.

Section B: Patient Information

Soc Sec# / Green Card #/ or Rx Outreach # _____ Date of Birth (MM/DD/YY) ____/____/____
Last Name _____ First Name _____ MI _____
Shipping Address _____ Apt # _____ Home Phone: _____
City _____ State _____ Zip Code: _____
E-mail address: _____ Check this [] box if you would like to receive our newsletter.
Doctor's Name _____ Dr. Phone # _____ Dr. Fax # _____
Please list any food/medicines you are allergic to: _____
Please list all medicines you are currently taking and medical conditions: _____

Section C: Payment Information - personal check, money order, credit card (Visa, MasterCard, Discover, or FSA account only)

By check or money order: Make payable to Rx Outreach. (Please do not send cash) Amount Enclosed: \$ _____

By credit card: Credit Card Number: _____ - _____ - _____ - _____

Check type of credit card you are using: [] Visa [] MasterCard [] Discover [] FSA Exp.: _____ - _____

Payment box containing checkboxes for Credit (check one) and Debit, and a Total Amount \$ _____ field.

I authorize Rx Outreach to charge this credit card for payment.

Name on card: _____ Signature of cardholder: _____

[] I acknowledge that the information on this form is true and correct. I consent to the release by my health care providers of my medication information pertaining to prescriptions for Rx Outreach to be used for program authorization purposes.

Mail this form & payment to: Rx Outreach / PO Box 66536 / St. Louis, MO 63166-6536