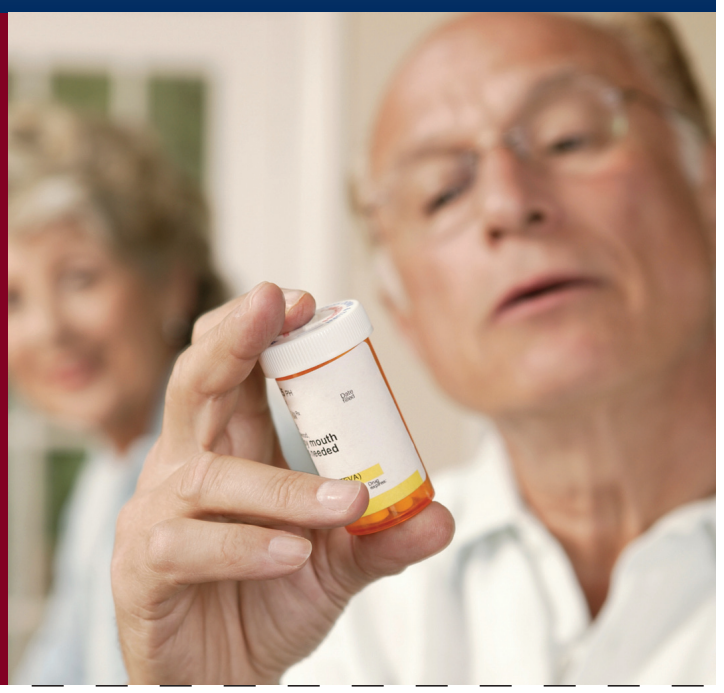
PHARMACY SERVICES

PROACT®

about us...ProAct's Mail Order Pharmacy is located at 1226 US Highway 11 in Gouverneur, New York. ProAct Pharmacy Services is committed to providing its customers with superior customer service and convenient access to our products and services. You can contact ProAct Pharmacy Services, toll-free at 1-866-287-9885



Order Form

Detach and return along with your prescription(s) and any necessary co-payment in the postage paid envelope.

INSURED FAMILY MEMBER'S NAME _____

PLAN NAME _____ MEMBER ID NO. _____

SHIP TO:

ADDRESS _____

CITY _____ STATE_____ ZIP _____

PLEASE CHECK THE APPROPRIATE DESIGNATION: ☐ PERMANENT ADDRESS ☐SEASONAL ADDRESS ☐TEMPORARY ADDRESS

HOME PHONE _____ WORK PHONE _____

COMMENT/REFILL REQUESTS

Provide prescription numbers for refill and/or any information to help insure the accurate and timely processing of your order.

_____

_____

_____

_____

PRESCRIPTIONS ENCLOSED FOR:

NAME _____ DATE OF BIRTH _____

RELATIONSHIP TO INSURED: ☐SELF ☐SPOUSE ☐DEPENDENT SEX: ☐M ☐F

NUMBER OF PRESCRIPTIONS ENCLOSED (INCLUDE BOTH NEW AND REFILL) _____ TOTAL CO-PAY (THIS INDIVIDUAL) _____

PRESCRIPTIONS ENCLOSED FOR:

NAME _____ DATE OF BIRTH _____

RELATIONSHIP TO INSURED: ☐SELF ☐SPOUSE ☐DEPENDENT SEX: ☐M ☐F

NUMBER OF PRESCRIPTIONS ENCLOSED (INCLUDE BOTH NEW AND REFILL) _____ TOTAL CO-PAY (THIS INDIVIDUAL) _____

Getting Started

To receive medications from ProActMail Order Pharmacy Services you must first establish a patient profile. To do that you may:

a) Enclose a completed **patient profile form** in the postage paid envelope the first time you order a medication.

~ or ~

b) Call our customer service representative toll free at **(866) 287-9885** to establish your profile ahead of time.

Once your profile has been established, it is no longer necessary to complete a **patient profile form** to order medications, unless you need to inform ProAct Pharmacy Services of any changes in your medical history.

Notice of Privacy Practice

You will be sent ProAct Pharmacy Services Notice of Privacy Practices the first time you receive an order. Federal law mandates that the pharmacy retain your signature acklowledging the receipt of that notice. After you receive the notice, please sign the acknowledgement and return it with your next order.

Ordering New Medications

When you receive a new written prescription from your doctor for up to a 90 day supply of medication, simply:

1.) Complete an **order form** making sure to indicate where you would like the prescription shipped and verify which of your family members it is for. Then...

2.) Send the **original prescription**, the completed **order form** and any necessary co-payment to ProAct Pharmacy Services in the postage paid envelope.

Ordering Refills

Once you have placed your original order and need a refill, you can do any of the following:

a) Order your refill on-line at **www.proactpharmacyservices.com**

b) Order your refill toll-free by phone at **(866) 287-9885** on the 24 hour automated refill system

c) Order your refill by mail with an **order form** in the postage paid envelope.

Profile Form

INSURED FAMILY MEMBER

LAST NAME _____ FIRST NAME _____ M.I. _____

DATE OF BIRTH _____ SEX ☐M ☐F

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

LIST KNOWN DRUG ALLERGIES _____

LIST KNOWN MEDICAL CONDITIONS _____

SPOUSE

LAST NAME _____ FIRST NAME _____ M.I. _____

DATE OF BIRTH _____ SEX ☐M ☐F

LIST KNOWN DRUG ALLERGIES _____

LIST KNOWN MEDICAL CONDITIONS _____

DEPENDENT

LAST NAME _____ FIRST NAME _____ M.I. _____

DATE OF BIRTH _____ SEX ☐M ☐F

LIST KNOWN DRUG ALLERGIES _____

LIST KNOWN MEDICAL CONDITIONS _____

DEPENDENT

LAST NAME _____ FIRST NAME _____ M.I. _____

DATE OF BIRTH _____ SEX ☐M ☐F

LIST KNOWN DRUG ALLERGIES _____

LIST KNOWN MEDICAL CONDITIONS _____

RECEIPT OF PRIVACY PRACTICES

I acknowledge receipt of the ProAct Pharmacy Services Notice of Privacy Practices

_____ _____ _____

SIGNATURE OF INSURED FAMILY MEMBER | PRINTED NAME OF INSURED FAMILY MEMBER | DATE