



**Cigna Home Delivery Pharmacy
Prescription Order Form**



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- Please complete this form for NEW and REFILL prescription medication. You can also order refills online at the website on your ID card.
- Print all information clearly as shown in the sample below using BLUE or BLACK ink.

1 2 3 4 A B C D

- Fill in the applicable ovals completely (●).

Step 1: Insurance Cardholder Information (Complete if you have changed or appears blank)

email

Person completing

Order updates, reminders and other educational information may be sent to the email address above for the following individuals:

Address above is a one time address

Step 2: Allergies & Health Conditions (Complete information every time)

New customers must complete this section.

If left blank will mean no known drug allergies or no change from information provided previously to Cigna Home Delivery Pharmacy.

Name (start with cardholder)

Date of Birth

- | Allergies | | | | | | Health Conditions | | | | | | | |
|-----------|------------|-------|------------------|---------|--------------|-------------------|--------------------|----------|---------------------|--------|---------|------------------|--------------------|
| None | Penicillin | Sulfa | Codeine/Morphine | Aspirin | Erythromycin | NSAIDS | Other (list below) | Diabetes | High Blood Pressure | Asthma | GI/GERD | High Cholesterol | Other (list below) |

Please write the individual's name and list their other allergies and other health conditions referenced above:

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"Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C.



Step 3: Shipping Method

Refrigerated shipments will be expedited at no additional cost. You are responsible for the cost of SPECIAL SHIPPING which expedites carrier delivery time only. Order processing is not affected by SPECIAL SHIPPING. These costs may be subject to change by carrier without prior notification and may vary depending on weight and zone.

Standard Shipping \$0.00 USPS Priority Mail 2 - 3 Days \$9.25 Overnight Delivery \$17.95

Step 4: Method of Payment

Check Money Order Please make check or money order payable to **Cigna Home Delivery Pharmacy**

Total payment enclosed (excluding credit card payment):

VISA Discover

MasterCard American Express Credit / Debit Card # Expiration Date

Use Credit / Debit Card on File Last 4 digits of Credit / Debit Card Expiration Date

I allow Cigna Home Delivery Pharmacy to bill my credit / debit card for this and all future orders. I understand that my credit / debit card will be billed the following amounts in effect at the time my order is filled: any applicable copayment(s), coinsurance and/or deductible(s), payments due for any medications not covered, plus any special shipping costs.

Step 5: Refill Prescriptions Attach label OR complete request for information

Print Prescription Number Here

Print Prescription Number Here

Individual's Name _____
Date of Birth _____
Drug Name _____

Individual's Name _____
Date of Birth _____
Drug Name _____

Print Prescription Number Here

Print Prescription Number Here

Individual's Name _____
Date of Birth _____
Drug Name _____

Individual's Name _____
Date of Birth _____
Drug Name _____

Step 6: New Prescriptions Include original with prescription from your doctor

Please write the date of birth and the Cigna ID on the back of each prescription.

		Check (✓) One			Check	
			Do Not		(✓) if	
Individual's Full Name	Date of Birth	Fill Now	Fill Now	Medication Name & Strength	Brand Only	Doctor's Full Name

Pharmacy law allows pharmacists to substitute a less expensive generically equivalent medication for a brand name medication unless you or your doctor request the brand. By checking (✓) "Brand Only", you may be responsible for a higher cost.

Remember to include the original prescription(s) from your doctor(s).
You can call us at 1.800.835.3784 or visit the website on your ID card. You can also write to us or mail this order form to Cigna Home Delivery Pharmacy, PO Box 1019, Horsham PA 19044.