MAXOR PHARMACIES

Call Us Toll Free At
(866) 408-2459
Monday - Friday 8 a.m. to 7 p.m. CST

DOD MAIL ORDER FORM

Mail your order to:
PO Box 32050
Amarillo, TX 79120

1 PATIENT INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cardholder ID: _____

Group ID: _____

Maxor will keep this address on file for all orders filled on this account until another address is provided.

For address changes, please call Maxor Mail Order at (800) 687-8629.

E-mail Address: _____

Phone: ☐☐☐ - ☐☐☐ - ☐☐☐☐

D.O.B.: ☐☐ - ☐☐ - ☐☐☐☐

Sex: ❑ Male ❑ Female

Relationship to Cardholder:
❑ Self ❑ Spouse ❑ Child

2 DRUG ALLERGIES & CHRONIC ILLNESSES

Drug Allergies: ❑ None ❑ Codeine ❑ Sulfa ❑ Aspirin ❑ Penicillin ❑ Other _____

Severity of Drug Allergies: ❑ Mild ❑ Moderate ❑ Severe ❑ Intolerance ❑ Anaphylaxis

Chronic Illnesses: (Disease States)
❑ Thyroid ❑ High Blood Pressure ❑ Diabetes ❑ Glaucoma
❑ Heart Condition ❑ Intestinal Disorders ❑ Lung Condition ❑ Other _____

3 GENERIC MEDICATION INFORMATION

❑ In accordance with Texas Pharmacy Law and availability Maxor Pharmacy will always dispense a generic medication with a lower co-payment unless you specify otherwise. Please contact a customer care associate at (866) 408-2459 to advise us of medications that you want dispensed brand-name only. USFHP will usually not pay for brand-name medications without medical documentation and prior authorization outlining medical necessity. By choosing brand-name only medications USFHP members will usually be responsible for the entire cost of the drug or a higher co-payment.

[1]*Please refer to the reverse side of this form for further details.*

4 PAYMENT METHOD

In order to process your prescriptions quickly, please enclose the correct co-payment amount(s). If assistance is needed with calculating co-payment amount(s), please call Maxor Mail Order at (866) 408-2459.

Payment Options: ❑ Check/Money Order ❑ Credit Card

Paying By Credit Card? ❑ Visa ❑ MasterCard ❑ Discover ❑ American Express

Credit Card Number:
☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date:
☐☐ ☐☐☐☐ MM/YYYY

❑ Check here to decline keeping credit card information on file at the pharmacy.

❑ Credit card already on file.

X _____
Signature of Cardholder

Expedited Shipping via UPS or FedEx: ❑ *(Additional charges will apply)*
Note: Expedited shipping will **not** rush prescription processing.

Refill your prescription on reverse side.

5 ORDER REFILLS

Order Refill Prescriptions Here:				
Rx Number	**Name of Medication**	**Strength**	**Doctor's Name**	**Co-payment**

Questions?

Call Maxor Mail Order toll-free at (866) 408-2459, Monday - Friday, 8 a.m. to 7 p.m. CST.

6 HOW TO ORDER

HOW TO ORDER REFILLS

BY MAIL: Complete the payment and refill sections, and mail to Maxor Mail Order.

BY PHONE: Call toll free (866) 408-2459 and use our automated system to enter the Rx number printed on your prescription label, or speak to a customer service representative during normal business hours.

BY INTERNET: You may refill your prescriptions on our website at www.maxor.com. Please choose the REFILL PRESCRIPTIONS section under FILLING YOUR PRESCRIPTIONS. You will need your prescription numbers and credit card information available.

HOW TO ORDER NEW PRESCRIPTIONS

BY MAIL: Complete the payment and patient information sections, enclose your new prescriptions, and mail to Maxor Mail Order.

BY PHONE: Have your doctor call in new prescriptions to (866) 408-2459.

BY FAX: Your doctor can fax new prescriptions to (866) 589-7656. In accordance with Texas law, only your doctor can fax new prescriptions.

7 IMPORTANT IMFORMATION

[1] The submission of this form, for you or any of your dependents, authorizes the release of all information to the Plan Sponsor, Administrator, or Underwriter, and authorizes the prescription to be filled with the generic equivalent when available and permissable by law, in accordance with your benefit plan requirements. If you request a brand name drug when your doctor permits substitution, you may be responsible for paying the entire drug cost or a higher co-payment. Refer to your plan benefit information for more details or contact a customer care associate at (866) 408-2459.

Reminder: You will always be charged the mail order co-pay when you send or transfer a prescription to Maxor Mail Order. To maximize your savings, ask your doctor for a 90 day supply with refills up to one year.

Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer your questions. Please call your pharmacy.

Complaints against the practice of pharmacy may be filed with the:

Texas State Board of Pharmacy
William P. Hobby Building, Suite 3-600
333 Guadalupe, Box 21
Austin, Texas 78701-3942 • (512) 305-8000
To receive a complaint form call
(800) 821-3205 or (512) 305-8080 if in Austin.
(recorded information only)
www.tsbp.state.tx.us

Se la presentado a usted la informacion por escrito sobre esta receta. Favor de leer esta informacion antes do tomar el medicamento. Si usted tiene preguntas tocante a esta receta, estara un farmaceutico disponible durante las horas de negocio para contestar sus preguntas. Por favor llame a su pharmacia.

Quejas contra la practica de la farmacia pueden ser reportadas al:

Concilio de Farmacia Del Estado De Tejas
William P. Hobby Building, Suite 3-600
333 Guadalupe, Box 21
Austin, Texas 78701-3942 • (512) 305-8000
Para recibir una forma de queja llame:
(800) 821-3205 or (512) 305-8080 if in Austin.
(informacion grabada solamente)
www.tsbp.state.tx.us

This form is used to order refills or new prescriptions. Please mail this form 14 days in advance before your medication runs out and enclose the appropriate co-payment amount.