Order form (please print)

Patient Name (First MI Last)		Date of Birth
Shipping Address*		
City	State	Zip
Preferred Phone Number	Alternate Phone Number	
Wellmark ID Number	Group Number	

*A physical address (not a P.O. Box) is typically required for temperature-sensitive medications and controlled substances.

Shipping Methods ❑ Normal (no charge) ❑ 2nd Day Air ($11.00) ❑ Next Day Air ($25.00)

Payment methods

❑ Check
❑ Money Order
❑ Visa
❑ MasterCard
❑ American Express
❑ Discover

Credit Card Payments
choose one:
❑ One-time use only
❑ Approved for future recurring orders

Credit Card # _____

Exp. Date _____

_____
Name of Cardholder

Make check payable to: Catamaran Home Delivery. DO NOT send cash. Orders received without payment may result in delays in processing and may therefore extend delivery times.

I certify the information provided on this form is correct. I authorize the release of all information to the plan sponsor, administrator or underwriter. I authorize Catamaran to substitute generic drugs in all cases where permissible under applicable state laws and consistent with doctor's orders.

_____
Signature

_____
Date

Total Copayment $_____

Shipping $_____

Total $_____

State and federal regulations require patient identification when dispensing controlled substance prescriptions. Please provide **one** of the following:

Driver's License
State Number _____

— *or* —

Social Security Number _____

Contact us

Catamaran Home Delivery
P.O. Box 166
Avon Lake, OH 44012-9927

Member Services
Phone: **866-611-5961 (TTY: 888.206.8041)**
Fax: **800-893-2299**
Monday-Friday 9 a.m. -11 p.m. (CT)
Saturday 9 a.m. -6 p.m. (CT)

Wellmark

P-23313 11/12

No more lines at the pharmacy

If you have Wellmark prescription drug coverage, you can enjoy delivery of your medications to your home or any location through Catamaran™ Home Delivery.

Getting started

1. Have your doctor write your prescription for the maximum days supply allowed by your plan (typically a 90-day supply plus 3 refills for a one-year supply).
2. Write your name, date of birth and identification number on the back of each original prescription.
3. Complete the patient profile and order form sections of this brochure. Mail the form, original prescriptions and payment information to:

   Catamaran Home Delivery
   P.O. Box 166
   Avon Lake, OH 44012-9927

Most orders are shipped through the U.S. Postal Service with delivery to your home, office or alternate location. Controlled substances may require an adult signature upon receipt.

Packaging does not indicate that medications are enclosed.

Please allow 10 – 14 days for delivery of your prescriptions. Expedited shipping options are also available. Please note that this only reduces transit time and will NOT affect the processing time of your prescription. If you do not get your order within 14 days, please contact Catamaran Member Services at **866-611-5961**.

Frequently asked questions

What drugs are covered?
Prescription drugs that are covered by your Wellmark prescription drug plan are available through mail order. Insulin, insulin syringes and test strips need a prescription when you order them through Catamaran Home Delivery.

When will I get my order?
You should receive your order within 10 – 14 days. Please allow a few extra days for your first order.

Am I charged for shipping?
Shipping is free. You can get next-day or second-day delivery for an extra charge.

Patient profile

Use one form per patient. Additional forms are available on Wellmark.com.

Please review your order carefully. Once submitted, an order cannot be cancelled or returned.

Patient Name (First MI Last)	Drug Allergies						Medical Conditions					
	Other	Penicillin	Codeine	Sulfa	Aspirin	None	Other	Diabetes	Glaucoma	Heart Condition	High Blood Pressure	Thyroid

Date of Birth _____ ❑ Male ❑ Female

Plan Member (Insured) _____

Wellmark Member ID Number _____

Relation to Member
❑ Self ❑ Spouse ❑ Dependent

Describe other allergies or conditions:

Prescription info

If you would like Catamaran to contact your physician to request a prescription for you, please provide the information below. Your order will be shipped once we receive the prescription.

Drug Name and Dosage	Doctor Name	Doctor Phone #	Doctor Fax #

If a prescription medication is entered above, but a doctor's prescription is NOT enclosed, we will contact the physician listed.

Catamaran Home Delivery is committed to protecting your privacy. Please read the Notice of Privacy Practices on mycatamaranRx.com for details.