



Prescription Fax Form

Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

Services provided by Catamaran™ Home Delivery
PO Box 166 • Avon Lake, Ohio 44012

FORM INSTRUCTIONS

Patient Instructions: In all cases, you should obtain a new written prescription from your physician and mail it to us with the Registration & Prescription Order Form found on Wellmark.com. If this is not possible, follow these steps to have your physician submit your prescription directly to Catamaran™ Home Delivery:

1. Complete the sections below using black ink only
2. Have your doctor fill out the specific prescription information
3. Have your doctor fax the completed form to Catamaran Home Delivery, at 1-800-893-2299
4. Allow 2 weeks for delivery

NOTE: The prescription form must be faxed from your doctor's office in order to be valid.

Please ensure you have a credit card on file for the processing of payment for your order. By having your physician submit this form, you are authorizing Catamaran Home Delivery to charge your card. If you are unsure of the copayment for the following prescription, you may obtain prescription copayment information in advance, by calling 1-866-611-5961.

Physician Name: _____

Faxed By: _____

Physician Telephone #: _____

Physician Fax #: _____

Telephone: 1-866-611-5961 (Option "7" for a Pharmacist)

Fax: 1-800-893-2299

By providing this form, you have authorized release of all information to Catamaran Home Delivery, as needed to process your prescription and refills.

PRESCRIPTION INFORMATION

Physician Name: _____

Office Telephone: _____

Patient Name: _____

Patient Member ID#: _____

Patient Telephone: _____

Patient DOB: _____

This section is to be completed by the prescriber.

Medication Name: _____ Strength: _____

Quantity: _____

Directions: _____

Refills: _____

MD Signature: _____

DEA Number: _____ Date: _____

Physician Instructions: Please **FAX** completed form back to Catamaran Home Delivery.

CONFIDENTIALITY NOTICE: THE INFORMATION IN THIS TRANSMITTAL IS CONFIDENTIAL AND INTENDED ONLY FOR THE RECIPIENT LISTED ABOVE. IF YOU ARE NEITHER THE INTENDED RECIPIENT NOR A PERSON RESPONSIBLE FOR DELIVERING THIS TRANSMITTAL TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISTRIBUTION OR COPYING OF THIS TRANSMITTAL IS PROHIBITED. IF YOU RECEIVE THIS TRANSMITTAL IN ERROR, PLEASE IMMEDIATELY NOTIFY US AND RETURN THE TRANSMITTAL TO US AT OUR EXPENSE.

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