



## Simply follow these easy steps to start using Aetna Rx Home Delivery®:

### New Prescriptions

1. Complete Sections A, B and C of the Order Form.  
If you are using Aetna Rx Home Delivery for the first time, or if your patient information has changed, also complete the Patient Registration Form.
2. Enclose your prescription(s) and method of payment.

### Please mail all orders to:

**Aetna Rx Home Delivery**  
**P.O. Box 417019**  
**Kansas City, MO 64179-9892**

### Refills

*For Existing Aetna Rx Home Delivery Customers Only*

1. Complete Sections A, B and C of the Order Form.\* OR  
Complete the Reorder Form that was sent to you with your last shipment.
2. Enclose your method of payment.

**Refill orders can also be placed by visiting**  
**www.AetnaRxHomeDelivery.com or calling 1-866-612-3862.**  
**(TDD: 1-800-201-9457).**

*If your order requires special instructions, please provide:*

Method of Delivery: Standard  Overnight  (additional charges apply)

Child-proof Caps Yes  No

Other (please specify)

### SECTION A

Name		Subscriber Aetna ID Number		
Home Address		City	State	Zip Code
Check here if home address is new <input type="checkbox"/>				
Home Phone	Work Phone	Cell Phone	E-mail	
Shipping Address (If different than home address)				
Name		City		
Address		State	Zip Code	

### SECTION B

Name	Medication	Prescribing Physician Name and Phone	New (X)	Refill Prescription Number (10 digits)
Total				

### SECTION C

To estimate the cost of your medications, visit [www.aetna.com](http://www.aetna.com) and log in to Aetna Navigator™. Once you are logged in, choose "Benefits" and select the "Estimate the Cost of Care" link.

**Method of Payment:** Make a check or money order payable to Aetna Rx Home Delivery or use your personal credit or debit card. Please do not send cash. If you have a Flexible Spending Account (FSA) auto-debit feature, or are enrolled in an Aetna HealthFund® plan, we ask that you provide a personal credit or debit card to cover any expenses that may exceed your account balance. If you are enrolled in a FSA or Health Savings Account (HSA) and have a FSA/HSA debit card, you can use your card for payment (you will need to provide your personal credit or debit card to cover any expenses in excess of your account balance). Your personal credit or debit card WILL NOT be used as long as your account has sufficient funds to cover the cost of your medication. Providing a credit or debit card will help prevent delays in order processing that result from insufficient payment.

MC/VISA/AmEx/Discover or debit card number	Expiration Date
Cardholder Name	Signature
Total amount enclosed (if paying by check or money order) _____	

\*If any of your information has changed, please fill out the Patient Registration form on the back of this page.

# Patient Registration Form

Fill out the following section if this is your first order with Aetna Rx Home Delivery or if this information has changed.

Please complete the following for EACH family member covered under your Aetna pharmacy benefit. Select "None" for family members with no allergies or health conditions. For your convenience, this information will be included as part of your family's profile with Aetna Rx Home Delivery. We will use this information to check for potential drug interactions and allergies to medications.

FAMILY MEMBER NAME	Allergies							Health Conditions							
	Date Of Birth	Gender (M/F)	None	Penicillin (1)	Chocolate (2)	Sulfa (3)	Aspirin (4)	Thyroid (5)	Diabetes (6)	Glaucoma (7)	Heart Conditions (8)	High Blood Pressure (9)	Ulcer	Epilepsy	Other (please specify)

If you or a family member has diabetes, indicate the type of supplies being used below:

Name	Monitor	Lancets	Test Strips
Name	Monitor	Lancets	Test Strips
Name	Monitor	Lancets	Test Strips
Name	Monitor	Lancets	Test Strips

**Please note:** By submitting this form, you authorize the release of all the foregoing information to Aetna Rx Home Delivery, LLC, and its affiliates.

Aetna Rx Home Delivery now offers our customers the ability to make payments over the phone for balances due. If you would like to use this payment option, let our Customer Service Associate know and your bank account will be electronically debited for the balance due. The first time you use this service, our Associate will ask you to verify your name, address and some additional information to help us uniquely identify you and secure your transaction. You will then be asked to select a User ID and authorization number, which will be required for future "check by phone" transactions.

If you have previously submitted payment by check to Aetna Rx Home Delivery for your medication, you may have received your check back from your bank after it was processed. As part of our ongoing efforts to keep your information as secure as possible, checks sent to Aetna Rx Home Delivery may now be processed electronically, and original checks may be destroyed.