

Anthem Rx Direct

Prescription Order Form
Anthem Rx Direct
P.O. Box 746000
Cincinnati, Ohio 45274-6000

Customer Care
1 (800) 962-8192

Mon.-Fri., 8:30 a.m. - 11 p.m., Eastern time
Sat., 9 a.m. - 7 p.m., Eastern time

Fold in thirds and mail in envelope.

Ship to:			
Cardholder's name	Cardholder's ID no.	Phone no. (day)	Phone no. (evening)
Street	e-mail (optional)		Apt. no.
City	State		ZIP code
Payment information (Payment must be included with order. Make check or money order payable to Anthem Rx Direct.)			
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Credit card no.	Exp. date	
<input type="checkbox"/> Discover Card	_____ ● _____ ● _____ ● _____	Mo. <input type="checkbox"/> <input type="checkbox"/> Yr. <input type="checkbox"/> <input type="checkbox"/>	
Total amount due* \$	Please sign for credit card order.	Do you want childproof caps used? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*If you miscalculated the "total amount due," your card will automatically be billed the correct amount. Please check your invoice when this prescription arrives for the actual amount billed to your card.

New prescription orders			
Name of patient for whom the prescription is enclosed	Date of birth	Sex	Relationship
Have you taken this medication before? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Doctor(s) name(s)	Doctors(s) phone number(s)	Drug allergies/health conditions	
Doctor(s) name(s)	Doctors(s) phone number(s)	Drug allergies/health conditions	
Name of patient for whom the prescription is enclosed	Date of birth	Sex	Relationship
Have you taken this medication before? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Doctor(s) name(s)	Doctors(s) phone number(s)	Drug allergies/health conditions	
Doctor(s) name(s)	Doctors(s) phone number(s)	Drug allergies/health conditions	
Refill orders			
Refill numbers	Patient name	Medication names	
Refill numbers	Patient name	Medication names	

TO REORDER
PLACE REFILL LABEL HERE.

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Having difficulty filling out this form? Call our special Anthem Rx Direct Helpline, 1 (888) 613-6091, to have a customer care professional guide you through the process. For more information, visit our web site at www.anthem.com. For speech and hearing impaired assistance (TDD/TTY), call 1 (800) 221-6915, Monday-Friday, 8:30 a.m. - 5 p.m., Eastern time.