EXPRESS SCRIPTS®

Member ID:
Group:
Name:

to member
Dependent
initial Doctor's phone number

Complete your order: You can pay by e-check, check, money order, or credit card. Make checks and money orders payable to Express Scripts, and write your member ID number on the front. You can enroll for e-check payments and price medications at Express-Scripts.com, or call the Member Services phone number found on your ID card.

Number of prescriptions sent with this order:

Payment options: e-check Payment enclosed Credit card Send bill

For credit card payments:
Visa MC Discover Amex Diners

Credit card number

Expiration date

X
Cardholder signature

I authorize Express Scripts to charge this card for all orders from any person in this membership.

Rush the mailing of this shipment ($15, cost subject to change). NOTE: This will only rush the shipping, not the processing of your order. Street address is required; P.O. box is not allowed.

WLPMSNWB

Mailing instructions are provided on the back of this form.