

MedImpact Direct® Customer Service

1-855-873-8739 (TTY dial 711) or customerservice@medimpactdirect.com www.medimpact.com

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Enrollment/Medication Order Form

MedImpact Direct® Customer Service

1-855-873-8739 (TTY dial 711) or customerservice@medimpactdirect.com www.medimpact.com

Payment Information - Do not send cash For fastest service, pay by credit or debit card. We accept VISA°, Mastercard°, Discover°, or American Express°. If you need to pay by check or money order, please call to speak with a representative. Cardholder Last Name Cardholder First Name ☐ Charge my payment method on file (Returning Customers) ☐ Ship Expedited Delivery (Add \$25 to my prescription amount) □ Charge my NEW credit card: □ Visa® □ Mastercard® □ Discover® □ American Express® **Expiration Date** Credit Card Number Security Code Standard shipping is free. Your order can take up to 10 days for delivery from the date we receive your order. You may choose expedited delivery for an additional \$25 by checking the box above. Expedited delivery orders can only be sent to a street address, not a PO Box. Expedited delivery will reduce the shipping time 1-2 days. Processing time may take 3-5 business days from the time **MedImpact Direct**® receives your prescription. I authorize MedImpact Direct® to charge my credit card for any copayment, coinsurance, deductible, or any other amount owed on my prescriptions, including any applicable expedited delivery charges. Date X Cardholder's Signature ☐ Check this box if you DO NOT want us to use this payment method for future orders or balance due. You can call MedImpact Direct® to update this information at any time or you can update your payment preferences by signing in to your account at www.medimpact.com.

Authorization	S
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☐ Check here to request Easy Open	Caps. Federal law requires that	t your prescription shall be disp	ensed in a container with a
child-resistant or safety cap unles	s you request otherwise. If you	would like an Easy Open Cap, _I	please check the box.

By returning this form to **MedImpact Direct**®, you verify that information is correct, that the prescriptions enclosed are for eligible participants, and you consent to the release and use of the patient's health information to the patient's health plan(s) and health care providers/agents for health benefit management. **MedImpact Direct**®'s use or disclosure of individually identifiable health information, whether furnished by you or obtained from other sources, such as medical providers, shall be in accordance with federal privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

	Date
X	
Signature	

Mail this completed order form, with your prescription and payment information, to:

MedImpact Direct®, PO BOX 51580, Phoenix, AZ 85076-1580

Ask your doctor to send your prescription electronically to MedImpact Direct® or to fax it to us at: 1-888-783-1773.

**Please note, we can only accept electronic prescriptions and faxes from your health care provider.

This letter may contain confidential individually identifiable health information protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other statutes.