

Order Form (please print)

Patient Name (First MI Last)		Date of Birth	
Shipping Address*			
City		State	Zip
Preferred Phone Number		Alternate Phone Number	
Member ID #		Group #	

* A physical address (not a P.O. Box) is typically required for temperature-sensitive medications.

Shipping Methods: <input type="checkbox"/> Normal <i>no charge</i> <input type="checkbox"/> 2nd Day Air \$11.00 <input type="checkbox"/> Next Day Air \$25.00
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Payment Methods:

- Check
- Money Order
- Visa
- MasterCard
- American Express
- Discover

choose one:

- One-time use only
- Approved for future orders

Credit Card #: _____

Exp. Date: _____

Name of Cardholder

NOTE: Make check payable to informedMail.

DO NOT send cash. Orders received without payment may result in delays in processing and may therefore extend delivery times.

Total Co-Payment: \$ _____

Shipping: \$ _____

Total: \$ _____

State and federal regulations require patient identification when dispensing controlled substance prescriptions. Please provide **one of** the following:

Driver's License: _____

State _____ # _____

— or —

Social Security # _____

I certify the information provided on this form is correct. I authorize the release of all information to the plan sponsor, administrator or underwriter. I authorize informedMail to substitute generic drugs in all cases where permissible under applicable state laws and consistent with doctor's orders. My signature also acknowledges I have been provided with a copy of the Notice of Privacy Practice.

Signature

Date

informedMail

P.O. Box 407096

Ft. Lauderdale, FL 33340-7096

Contact Us

informedMail

P.O. Box 407096

Ft. Lauderdale, FL 33340-7096

Customer Care:

1.800.881.1966

Available 24 hours a day for your prescription needs

www.myinformedRx.com

informedRx[®]
Move Ahead.™

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informedMail[™]

home delivery of
prescription medications



the convenient and
cost-effective way to get
your prescriptions filled

BOSTON MEDICAL CENTER
HealthNet Plan

Frequently Asked Questions About Using Mail Order

When should I use informedMail to get prescriptions filled?

informedMail is mainly for people who use prescription drugs to treat long-term conditions for more than 30 days. Some examples are diabetes, arthritis, heart conditions or high blood pressure.

What drugs are covered?

Mail service covers prescription drugs that are part of your benefits plan. Insulin, insulin syringes, and testing strips need a prescription when you order them through informedMail. The following drugs cannot be ordered through the mail:

- ▶ Controlled substances
- ▶ Over-the-counter (OTC) drugs
- ▶ Drugs requiring preauthorization
- ▶ Drugs requiring step therapy
- ▶ Drug quantity limitations
- ▶ Drugs covered under the medical benefit
- ▶ Biotech or specialty drugs

What are generics?

Generic drugs are copies of brand-name drugs. They are safe and work the same as brand-name drugs, but cost less. Generic drugs meet strict United States Government Food and Drug Administration (FDA) guidelines.

Unless your doctor requires a brand-name drug, your prescriptions will be filled using the generic. This will save you money. Your plan may charge you a higher co-payment for a brand-name drug. If you are unsure, please contact informedMail Customer Service. We can answer your questions about co-payments.

Is my information kept private?

We ask you for some personal information. We keep this information completely private. We use this information to make sure you get the best care possible. Please read the Notice of Privacy Practices that came with this guide. After reading it, you must sign the bottom of the order form.

How do I use mail service the first time?

It's easy to use mail service. Just follow these steps.

1. Have your doctor write your prescription for the number of days your plan allows for mail service (for example, 90 days). By law, informedMail can only fill the quantity indicated by your doctor.

Note: if you need your medicine right away, ask your doctor to write two prescriptions. The first one you can fill right away at your local drugstore. The second one you can mail to informedMail.

2. Fill out the Enrollment/Order form and Confidential Patient Profile. Write down information for you and any family members ordering prescriptions. You only need to fill out this form for your first order.
3. Write the member identification number and patient's name on the back of each prescription.
4. Mail the form, prescription(s) and co-payment to the address provided on the form.
5. We will send orders to the address you put on the form.

How do I refill a prescription or order a new prescription?

To refill a prescription you have been getting through informedMail, do one of the following:

- ▶ Fill out the re-order form that came with your last order. Include your co-payment. Mail it to informedMail. Or:
- ▶ Call informedMail at (800) 881-1966. Or:
- ▶ Visit our Web site, www.myinformedRx.com to place your refill order.

To fill a new prescription:

- ▶ Fill out an order form. Write the patient's name and member identification number on the back of each prescription.
- ▶ Mail the form to informedMail. Be sure to include the prescription(s) and payment information.

Am I charged for shipping?

Shipping is free. You can get overnight or second day delivery for an extra charge.

When will I get my order?

You should receive your order within 14 days. Please allow a few extra days for your first order. If you have questions or do not get your order in 14 days, please contact informedMail at the toll-free number in this guide.

_____ for additional information _____
 call **1.800.881.1966**
 or visit **myinformedRx.com**

Patient Profile

Use one form per patient. Additional forms are available at myinformedRx.com.

Please review your order carefully. Once submitted, an order cannot be cancelled or returned.

	Drug Allergies					Medical Conditions						
	Other	Penicillin	Codeine	Sulfa	Aspirin	None	Other	Diabetes	Glaucoma	Heart Condition	High Blood Pressure	Thyroid
Patient Name (First MI Last)												
Date of Birth: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Describe other allergies or conditions:											
Plan Member (Insured) ID# _____												
Relation to Member: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent												

Prescription Info

If you would like informedMail to contact your physician to request a prescription for you, please provide the information below. Your order will be shipped once we receive the prescription. Remember, you can always view the status of your order online.

Drug Name & Dosage	Doctor Name	Doctor Phone #	Doctor Fax #

If a prescription medication is entered above, but a doctor's prescription is NOT enclosed, we will contact the physician listed.



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding Your Health Information:

We at informedRx understand the importance of maintaining the privacy of your protected health information. "Protected health information" is information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care. This Notice of Privacy Practices describes our privacy practices and your rights regarding your protected health information.

Your Health Information Rights:

You may:

- Inspect and obtain copies of your protected health information records, with some limited exceptions. Where your protected health information is contained in an Electronic Health Record, as that term is defined in federal law, you have the right to obtain a copy of such information in an electronic format and you may request that we transmit such copy directly to an entity or person designated by you, provided that such choice is clear, conspicuous and specific.
- Request an amendment to your protected health information records in writing if you believe it is incorrect or incomplete.
- Obtain an accounting of disclosures of your protected health information for the time period no longer than six years prior to the date of your request (three years for disclosures from an Electronic Health Record). Except for disclosures from an Electronic Health Record, we are not required to account for disclosures for treatment, payment, or health care operations purposes, among others. Beginning January 1, 2011 or January 1, 2014, depending on the compliance date required by law for a particular record, an accounting of the disclosures from an electronic health record will include disclosures for treatment, payment or health care operations.
- Request that communications be sent to you by alternative means or at an alternative address if receipt of the communications could endanger you.
- Request restrictions on certain uses and disclosures of your protected health information, but we are not required to agree to such restrictions unless the disclosure is to a health plan for purposes of carrying out payment or health care operations and the protected health information pertains solely to a health care item or service for which we or another health care provider involved has been paid out of pocket in full.
- Request a paper copy of this Notice, even if you had previously agreed to receive an electronic copy.
- Receive written notification of a breach where your unsecured protected health information has been accessed, used, acquired, or disclosed to an unauthorized person as a result of such breach, and which compromises the security or privacy of your protected health information. Unless specified in writing by you to receive the notification by electronic mail, we will provide such written notification by first-class mail or, if necessary, by such other substituted forms of communication allowable under the law.
- We use and disclose your protected health information for payment. For example: We use and disclose your protected health information in order to receive payment for prescription drugs and services we provide to you. We will contact your health plan, pharmacy benefit manager or other third party payer to determine whether it will pay for your drug and the amount of your co-pay responsibility established by law.

- You may exercise any of these rights by contacting our Privacy Officer. See the contact information at the end of this Notice.

We will:

- Maintain the privacy of your protected health information as described in this Notice.
- Provide you with this Notice as to our legal duties and privacy practices with respect to protected health information.
- Use and disclose your protected health information for treatment, payment and health care operations and for other permitted purposes as described more fully below.
- Accommodate reasonable requests you may have regarding communicating protected health information to you by alternative means or to an alternative address.
- We reserve the right to charge you a reasonable fee for services requested, to the extent allowed by law.

Examples of Use and Disclosures for Treatment, Payment and Health Operations:

We use and disclose your protected health information for treatment. For example: A prescription sent to us will be used for the purposes of filling and dispensing the prescription. We may need to consult with your health care providers regarding your prescription if our systems indicate an adverse drug interaction or to suggest alternative treatment options.

We use and disclose your protected health information for pharmacy operations. For example: We may use your protected health information to perform quality assessment activities. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide.

Other Permitted Uses or Disclosures:

As Required by Law: We must disclose protected health information about you when required to do so by law.

Public Health Activities: We may disclose protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. We may also disclose protected health information relative to adverse events with respect to drug products and product defects or post marketing surveillance information as required by the Food and Drug Administration.

Victims of Abuse, Neglect or Domestic Violence: We may disclose protected health information to government agencies about elder abuse, neglect or domestic violence.

Health Oversight Activities: We may disclose protected health information to an appropriate health oversight agency for activities authorized by law.

Law Enforcement, Judicial and Administrative Proceedings: We may disclose protected health information for law enforcement purposes, as required by law or in response to a valid subpoena.

Coroners, Funeral Directors, Organ Donation: We may release protected health information to coroners or funeral directors as necessary to allow them to carry out their duties. We may also



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disclose protected health information in connection with organ or tissue donation.

Research: Under certain circumstances, we may disclose protected health information for research purposes, provided certain measures have been taken to protect your privacy.

To Avert a Serious Threat to Health and Safety: We may disclose protected health information about you, with some limitations, when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.

Business Associates: There are some pharmacy services provided through contracts with business associates. An example includes software or technology vendors we may utilize to provide technical support. When such a service is contracted, such business associate may have access to your protected health information. In order to protect your protected health information, the business associate is required to appropriately safeguard such information.

Personal Communications: We may contact you to provide you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Communication with Family: Health professionals, using their best judgment, may disclose protected health and/or payment information to a family member, other relative, close personal friend or any other person involved in your care or payment for care.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health and the health and safety of others.

Military and veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate military authority.

National security and intelligence activities: We may release protected health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective services for the President and others: We may disclose protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Victims of abuse, neglect or domestic violence: We may disclose protected health information about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm

to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

Other Uses or Disclosures with an Authorization: Other uses or disclosures will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization at any time in writing, except to the extent that we have already taken action in reliance on the information disclosed. Unless otherwise permitted by law or by your written authorization, we will not directly or indirectly receive remuneration for your protected health information. When using or disclosing your protected health information or requesting your protected health information from another covered entity, we will make reasonable efforts to limit such use, disclosure, or request, to the extent practicable, to the protected health information maintained in a limited data set, or, if needed, to the minimum necessary to accomplish the intended purpose of such use, disclosure, or request, respectively. State law may be more stringent and may restrict or prohibit certain uses or disclosures identified in this Notice. If more stringent state laws apply, they will be included in an addendum to this Notice.

Health Information Security:

informedRx requires its employees to follow the security policies and procedures that limit access to protected health information about members to those employees who need it to perform their job responsibilities. informedRx maintains physical, administrative and technical security measures to reasonably and appropriately safeguard your protected health information.

Changes to this Notice:

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices materially change, we will provide you with a revised Notice at the address you have supplied us. We also post a copy of our current Notice on our website at www.sxc.com.

Complaints:

If you believe your privacy rights have been violated and would like to file a complaint, you may file your complaint in writing with us at the contact information below and/or with the Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint.

Contact the Privacy Officer:

If you have questions or would like to exercise any of the rights as described above, you may contact the Privacy Officer in writing at 2441 Warrenville Road, Suite 610, Lisle, IL 60532. You may also contact us at 800-880-1188.

Effective Date: 10/1/09