

MEMBER INFORMATION



For Health.
For Wellness.
For Life.

Member ID Number: _____

Name (Last) _____ (First) _____ (M.I.) _____ Phone # _____

 Address: _____ State _____ Zip Code _____

 Date of Birth: (Month) _____ (Day) _____ (Year) _____

CONFIDENTIAL MEMBER REGISTRATION OF HEALTH INFORMATION (CHECK ALL THAT APPLY)

First Time Users: Use this form to register with Orchard Pharmaceuticals at the time you place your FIRST order. The information below is for the member indicated above and will be used to check potential drug interactions when you have prescriptions filled through Orchard.

SEX

- Male
- Female

ALLERGIES

- None
- Aspirin
- Codeine
- Erythromycin
- Penicillin
- Sulfa
- Other - Specify Below

HEALTH CONDITIONS

- Asthma
- Diabetes
- Glaucoma
- Heart Condition
- High Blood Pressure
- Seizure Disorder
- Thyroid
- Ulcers
- Other - Specify Below

DETAILS

Check only if you **do not** want a generic when available.

- No Generics
- No Child Proof Caps

Please list other allergies or health conditions: _____

PAYMENT INFORMATION

Number of Rx's Enclosed Co-Payment \$ = \$ Enclosed

Tier 1	<input type="checkbox"/>	\$	<input type="text"/>	=	\$	<input type="text"/>
Tier 2	<input type="checkbox"/>	\$	<input type="text"/>	=	\$	<input type="text"/>
Tier 3	<input type="checkbox"/>	\$	<input type="text"/>	=	\$	<input type="text"/>
Tier 4	<input type="checkbox"/>	\$	<input type="text"/>	=	\$	<input type="text"/>
Total:	<input type="checkbox"/>				Total:	\$ <input type="text"/>

Payment Method

- VISA
- MasterCard
- Discover
- Money Order
- Check

Credit Card Number: _____ Exp. Date _____ CVV The 3 or 4 digit security code on the back of the card. _____

AUTHORIZATION

PLEASE READ AND SIGN: I certify that the information provided on this form is correct and authorize the release of all information to the plan sponsor, and I AUTHORIZE ORCHARD PHARMACEUTICALS TO SUBSTITUTE FDA APPROVED GENERIC DRUGS IN ALL CASES WHEN LEGALLY PERMISSABLE AND CONSISTENT WITH MY PHYSICIAN'S ORDERS AND MY BENEFIT PLAN.

Signature: _____ Date: _____

WHAT ARE MAINTENANCE DRUGS?

Maintenance drugs are used to treat long lasting or chronic conditions and are taken for extended periods of time. They include medications for blood pressure, arthritis, heart conditions, birth control, cholesterol, asthma and others. Orchard is a convenient, dependable and less expensive way to obtain your maintenance medications.

WHAT ARE GENERIC DRUGS?

The generic name of a drug is its chemical name. the brand name is the trade name under which the drug is advertised and sold. Generic drugs meet the same FDA standards and have the same active ingredients, strength and effect as brand name drugs. Orchard buys only the highest quality generic medications available.

Unless you or your physician has specified otherwise, your prescription will be filled with a generic equivalent when available and permissible.

HOW DO I USE ORCHARD MAIL SERVICE?

1. Let your physician know you have Orchard Mail Service.
2. Ask your physician for:
 - a. A prescription for a sufficient supply for immediate needs to be filled at your local pharmacy
 - b. A second prescription for a 90 day supply for your medications, plus refills, to be filled by Orchard.
3. Complete the Confidential Patient Profile attached to this form.
4. Use the self-addressed postage paid envelope to enclose the following:
 - a. Your Confidential Patient Profile
 - b. The original prescription with refills
 - c. Payment for your portion of the prescription, based upon your health plan (co-payment)

You will receive your medication within two weeks via US Mail Service or UPS. Emergency orders can be sent overnight for an additional fee.

HOW DO I GET A REFILL?

Order existing prescriptions refills on-line at our Orchard Pharmaceuticals website: www.orchardrx.com

Order existing prescription refills through our interactive phone system 24 hours a day, 7 days a week. Simply dial our toll-free number (1-866-909-5170) from a touch-tone phone and press "1" to access the automated refill center.

From 8am-8pm (EST), you may call an Orchard Customer Service Representative at 1-866-909-5170.

Complete your reorder form and return in the Orchard self-addressed envelope.

All questions regarding the Orchard mail service program should be directed to:

Orchard Pharmaceuticals
P.O. Box 3094
North Canton, OH 44720

Toll Free: 1-866-909-5170

Website: www.orchardrx.com

Call: Monday -Friday: 8:00am - 8:00pm (EST)

Fax: Have your physician fax Orchard your new prescription(s) 1-866-909-5171

