2520 Industrial Row
Troy, MI 48084

October, 2016

Dear :

Change in Mail Order Pharmacy Provider

Effective December 1, 2016, WellDyne Rx will no longer be providing your mail service. Your new mail service will be provided by Magellan Rx Pharmacy, LLC through their **Magellan Rx Home** division.

What you can expect

Magellan Rx will be working directly with WellDyneRx to transfer your prescription(s) with the exception of expired prescriptions or those with zero refills remaining.

Refill your current prescription: Choose one of these options to refill current prescriptions beginning on **December 1, 2016:**

- **Mail:** Complete the refill section on the order form and mail to PO Box 620968 Orlando, FL 32862.
- **Phone:** Call us at **1-800-424-1771** with your prescription number and payment information.
- **Web:** Register online at **www.4Dpharmacy.com**, select Members, then Forms and Mail Order. Select the Magellan Rx Home link to edit payments and order refills.

Please note: We suggest that you refill your medication at least **3 weeks** prior to finishing your current prescription. Once you have filled your prescription with Magellan Rx Home, then you can register online at **www.4Dpharmacy.com** to edit payments and order refills.

Getting started is fast and easy

For newly prescribed medication as of December 1, 2016, you may either:

- **E-prescribe or Fax**: Have your doctor e-prescribe Magellan Rx Pharmacy – Home, Orlando, FL 32812 or fax your prescription to **1-888-282-1349**. Faxed prescriptions may only be sent by a doctor's office and must include patient information and diagnosis for timely processing.
- **Mail**: Mail us your 90-day prescription, completed order form with payment to PO Box 620968 Orlando, FL 32862
- **Online: www.4Dpharmacy.com** select Members, then Forms and Mail Order. Select the Magellan Rx Home link.

We're here to help

For questions about our services or your mail service prescriptions, please call us at **1-800-424-1771.** Representatives are available Monday through Friday from 8:00am to 10:00pm EST and pharmacists are available 24/7 to speak with you. For questions regarding your benefits please call 4D Pharmacy Management at 1-**877-647-4026**. They are available 24 hours a day, 7 days a week.

Thank you for being a member of 4D Pharmacy Management.

Magellan Rx Home

Mail Service Order Form

1 Member and physician information — please use black or blue ink. One form per member.

Member ID Number			Gender ☐ M ☐ F
Last Name	First Name		MI
Delivery Address			Apt. #
City	State	ZIP	Phone Number (list in order of preference) (circle one) ( ) M H W
Date of Birth / /	Email		( ) M H W
Physician Name	Physician Phone Number ( )		( ) M H W

2 Health history

Medication Allergies:

☐ Amoxil/Ampicillin ☐ Erythromycin ☐ None Known
☐ Aspirin ☐ NSAIDs ☐ Sulfa
☐ Cephalosporins ☐ Penicillin ☐ Tetracyclines
☐ Codeine ☐ Quinolones ☐ Others: _____

Health Conditions:

☐ Arthritis ☐ Glaucoma ☐ None Known
☐ Asthma ☐ Heart Condition ☐ Osteoporosis
☐ Cancer ☐ High Blood Pressure ☐ Thyroid Disease
☐ Diabetes ☐ High Cholesterol ☐ Others: _____

List all prescription, over-the-counter and herbal medications taken regularly: (use additional sheet if necessary)

3 Refills. To order mail service refills, enter your prescription number(s) here.

1: _____ 2: _____ 3: _____ 4: _____
5: _____ 6: _____ 7: _____ 8: _____

4 Pharmacy processing

Generic substitution. FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless you or your physician indicate otherwise. Brand-name medications may be subject to a higher cost.

Keep on file. If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here:

Notes to Pharmacy:

5 Payment and shipping information — do not send cash.

Standard delivery is included at no charge. Most prescription orders arrive within 7 days from the date your order is received. We will contact you if there is an extended delay in delivering your medications. Please call 800.424.1771 if you have any questions. Once shipped, medications may not be returned for a refund or adjustment. I authorize Magellan Rx to charge the following amount to my credit/debit card without prior notification: ____up to $150 ____up to $250 ____up to $_____ (Other Amount Greater than $250)

☐ **Ship overnight.** Additional charges will apply. Please call to verify pricing.
☐ **Charge to my NEW credit card.**
☐ **Charge to my credit card on file.**
☐ **Check enclosed.** All checks must be signed and made payable to: Magellan Rx Management

Credit Card Number

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Visa, MasterCard, AMEX and Discover are accepted.

☐ **Keep this card on file.**

Expiration Date (Month/Year) ☐☐ / ☐☐☐☐

Signature: **Date:**

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance, and other such expenses related to prescription orders. By supplying my credit card number, **I authorize Magellan Rx Management to maintain my credit card on file as payment method for any future charges.** To modify payment selection, Customer Service can be contacted at any time.

6 Mail this completed order form with your new prescription(s) to Magellan Rx Pharmacy (f/k/a ICORE Healthcare), PO Box 620968, Orlando, FL 32862. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

Magellan Rx MANAGEMENT℠