















THE KROGER CO. FAMILY OF STORES

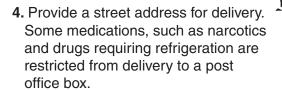
#### How to Order New **Prescriptions**

If you take the same medication for months at a time. You'll often find that getting your prescription through the mail will be easier and less expensive than getting them from your local pharmacy. However, prescription mail order services should not be used for medications you need immediately

(sooner than two weeks.)

For maintenance medications you need to start taking right away: you may ask your doctor for two prescriptions. One for a small supply to be filled at your local pharmacy for immediate use, and one for the mail service pharmacy. Remember to ask the doctor to write the mail order prescription for the maximum quantity your plan allows and for one year of refills (if the law allows). Then mail them to Postal Prescription Services following these easy steps:

- 1. On the front of each new prescription, print clearly:
- The member's name and relationship to the primary covered person (e.g., self, spouse, child).
- The member's ID number from the primary covered person's plan.
- 2. Be sure the prescribing doctor's name is clearly indicated.
- 3. Complete the order form including payment information.



5. Send your prescriptions, completed order form, and a co-pay in the envelope provided. A new order form and envelope will be returned with each Postal Prescription Service delivery.

### **How to Order Refills**

If your doctor has prescribed a refill, then Postal Prescription Service will send you a refill slip with your medication order. When you need the refill just detach the refill slip and mail it back with your completed order form and co-pay. If you cannot locate your refill slip, list the

prescription numbers and the names of the medication on the order form. The prescription number is located in the upper left-hand corner of the label on your medication container.

Refills may also be ordered by phone by calling the toll-free number listed in this brochure. Please remember to have your credit card information and the prescription numbers you would like to order ready. You can also order refills through our website at www.ppsrx.com.

## Refills too soon?

Refer to the reorder date on your refill slip. For your safety, refill orders placed too early cannot be filled and may be returned.

### **Generic Drugs**

Generic medications will be substituted for brand-name medications when available and allowed by the prescribing physician. PPS utilizes only those generic medications rated highest by the FDA.

# Service & Safety

Postal Prescription Services' registered Pharmacists review each prescription for accuracy before dispensing, and perform checks to assure all prescriptions are dispensed correctly.

We maintain computerized patient profiles to prevent adverse reactions with other prescriptions you are receiving from Postal Prescription Services. Should any questions arise regarding potential adverse reactions. our pharmacist will contact your doctor or you, before dispensing the medication.

# **Delivery Time**

Please allow two weeks for delivery from the date you mail your order. Your order will be delivered to the address you requested by United Parcel Services or first class US mail. In case of emergency, prescriptions can be shipped overnight for an additional charge to you. Postal Prescription Service is open for business Monday through Friday 6:00 a.m. to 6:00 p.m. and Saturday 9:00 a.m. to 2:00 p.m., Pacific Time.



**SERVICES**<sup>®</sup>



**To Order Prescriptions** By Mail, **Use the Convenient Order Form Enclosed.** 

> **To Order by Phone:** 1-800-552-6694

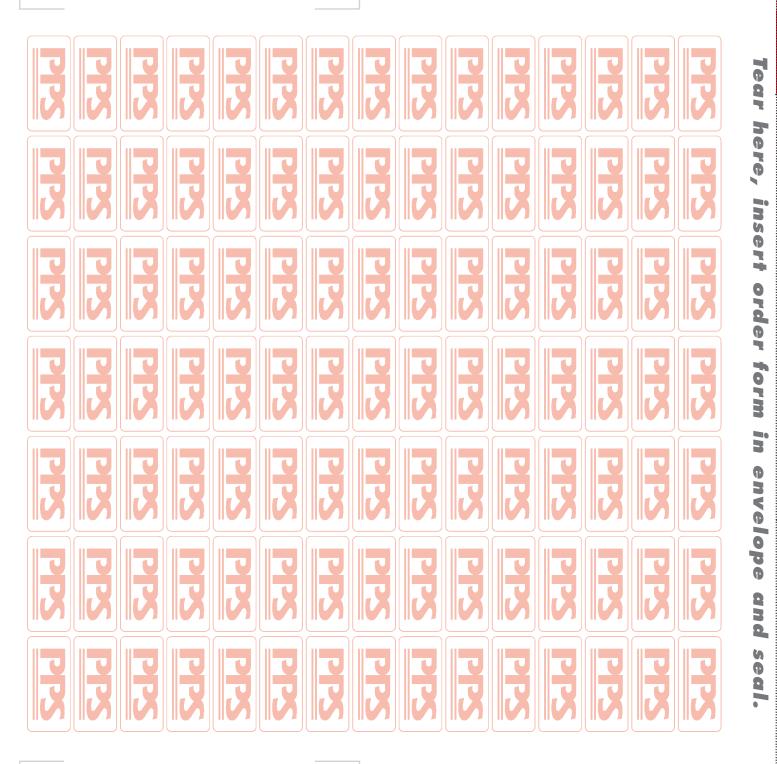
In Portland, Oregon: (503) 797-2100

**Visit Our Website:** www.ppsrx.com





PPS PRESCRIPTION SERVICES PO BOX 2718 PORTLAND OR 97208-2718 97208-2718



PPS	Date I mailed my order C	Co-pay Amount Enclosed \$	Questions?  call: 1-800-552-6694  in Portland, Oregon:
SERVICES SERVICES	Tear here, and keep this	s stub for your records.	(503) 797-2100
	Patient Information	✓ Drug Allergies / Health Condition	
Health Care Plan Information	Primary  Last Name First Name M.I.	□ NONE □ CODEINE □ PENICILLIN □ SULFA □ ASPIRIN □ OTHER	Ship To This Address
Health Care Plan	/ Male ✓ Female	☐ ASTHMA ☐ DIABETES ☐ HIGH BLOOD PRESSURE ☐ HEART DISEASE ☐ HYPERLIPIDEMIA ☐ OTHER	Last Name First Name Middle Initial
Employer Name (if applicable)	Doctor/Prescriber name and Phone No.  Spouse	□ NONE □ CODEINE □ PENICILLIN □ SULFA □ ASPIRIN □ OTHER	Street Address
Insured's I.D. Number	Last Name First Name M.I.  // / Male    ✓ Female  Date of Birth	☐ ASTHMA ☐ DIABETES ☐ HIGH BLOOD PRESSURE ☐ HEART DISEASE ☐ HYPERLIPIDEMIA ☐ OTHER	City State Zip Code  Home Phone ( )
Insured's Name  If possible, please enclose a	Doctor/Prescriber name and Phone No.  Dependent  Last Name First Name M.I.	□ NONE □ CODEINE □ PENICILLIN □ SULFA □ ASPIRIN □ OTHER	Day Phone ( )
copy of your insurance card when placing your initial order or when changing insurance.	/	☐ ASTHMA ☐ DIABETES ☐ HIGH BLOOD PRESSURE ☐ HEART DISEASE ☐ HYPERLIPIDEMIA ☐ OTHER	Thank You. We appreciate your business!
	Doctor/Prescriber name and Phone No.		
Order prescription refills or transfers here by enclosing refill slips or filling out this section	Qty. Prescription No. Name of Medication	Strength Pharmacy Name Pharmacy Ph	one Doctor's Name & Phone Price or Co-Pay
✓ For <u>new prescriptions</u> , enclose the prescription in the envelope provided and check here.			
Non-Safety Cap Re Federal law requires that your prescription shall be a safety cap unless you request otherwise. If you wou please sign below. I do not want safety caps:	dispensed in a container with a child resistant or	Method of Payment: ☐ Check ☐ Money Order ☐ Visa/MasterCard ☐ Credit Card Number	Total: \$  Discover Am. Express Make check or money order  Exp. Date payable to:
Patient's Signature Here	Date	X Cardholder's Signature	PPS