



Humana Pharmacy Registration and Order Form

Choose the option that's easiest for you to get started with Humana Pharmacy!

Online: Go to **HumanaPharmacy.com** to create an account. Then click "Add a Prescription" or "Switch to Humana Pharmacy".

By phone: Call Humana Pharmacy at **1-800-379-0092** (TTY: **711**) to talk to a representative - Monday - Friday, 8 a.m. to 11 p.m., and Saturday, 8 a.m. to 6:30 p.m., Eastern time.

By mail: Complete this form and send back to Humana Pharmacy, along with your paper prescription, at the address listed. Please print all information clearly in CAPITAL LETTERS using BLUE or BLACK ink.

Member Information

Member ID (found on ID card) -

Date of Birth / / - - - - - - -

Gender Male Female

First Name

Last Name M.I.

Street Number Street Name Apt/Suite #

City State ZIP Code -

Home Phone - -

Mobile Phone* - -

Please complete shipping address below **only** if different from address above.

Street Number Street Name Apt/Suite #

City State ZIP Code -

Account Preferences

E-mail Address - please provide your e-mail address we can send important alerts and reminders.

Language preference English Spanish
 Easy open bottle caps? Yes No

I am currently taking these medicines not filled at Humana Pharmacy: _____

I am currently taking these over-the-counter medicines and/or herbal supplements: _____

Payment Method



213A



To help avoid delays in shipping your orders, we encourage you to put a credit card on file. By selecting the Auto Charge feature below, Humana Pharmacy will not have to contact you prior to shipping your order - your card will only be charged if there is an amount due.

Credit/Debit Card # Expiration Date / / Cardholder First Name Cardholder Last Name Cardholder Signature: Credit Card auto charge - I authorize Humana Pharmacy to charge this card for all orders

Allergies	
No Known	<input type="radio"/>
Aspirin	<input type="radio"/>
Codeine	<input type="radio"/>
Peanuts	<input type="radio"/>
Penicillin	<input type="radio"/>
Sulfa	<input type="radio"/>

Health Conditions	
Arthritis	<input type="radio"/>
Asthma	<input type="radio"/>
Diabetes	<input type="radio"/>
GERD (acid reflux)	<input type="radio"/>
Glaucoma	<input type="radio"/>
Heart Disease	<input type="radio"/>
High Blood Pressure	<input type="radio"/>
High Cholesterol	<input type="radio"/>
Migraines	<input type="radio"/>
Osteoporosis	<input type="radio"/>
Pregnancy	<input type="radio"/>
Thyroid Disease	<input type="radio"/>

Other allergies or health conditions not listed above	<input type="text"/> <input type="text"/> <input type="text"/>
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Next steps - send us your prescriptions!

If you have a paper prescription, you can mail it along with this completed form - mailing instructions are below.

Or - your doctor can send your new prescriptions to Humana Pharmacy:

- Electronically (ePrescribe)
- By fax: 1-800-379-7617
- By phone: 1-800-379-0092

Mailing Instructions

Send this form along with your paper prescription(s) and payment to:

Humana Pharmacy, P.O. Box 745099, Cincinnati, OH 45274-5099

Please write your name, date of birth, Member ID, and shipping address on the back of each prescription. If you are unable to pay by card and prefer to send a check, please write your Member ID on the check and mail with your prescription.

*When you give us your mobile number, we have your permission to contact you at that number about your Humana Pharmacy account. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account services calls, but not for telemarketing or sales calls. It may include contact from other companies working on our behalf. Message and data rates may apply. You may contact us any time to change these preferences.

NOTE: Prescriptions may be filled or processed by any of the Humana Pharmacy mail-delivery locations. In order to comply with certain federal and state laws, and to ensure the integrity of medications dispensed, all Humana Pharmacy sales are final. Payment is due upon shipment.

Some health plans require the patient to pay the difference between generic and brand costs. State law permits pharmacists to substitute a less expensive generically equivalent drug for a brand drug unless you or your doctor direct otherwise.