

NEW PRESCRIPTION

For faster service, visit us on-line at www.carolinacarerx.org

Website	MyQuickRefill Line & Member Services	Fax Numbers
www.carolinacarerx.org	(704) 512-6800 or (866) 697-6800	(704) 512-6802 or (866) 307-9670

Patient Name _____ (Please list full name) Patient's Date of Birth _____

Member ID Number: A _____

Contact Info: _____
 (Parent info for minors) Name _____ Cell Phone # _____ Home Phone # _____ Work Phone # _____

Ship this order to address: _____
 One time only use
 Permanent Address Change

List any drug allergies: _____

PLEASE COMPLETE ONE FORM FOR EACH MEMBER'S ORDER (print additional copies at www.carolinacarerx.org)

Medication Name and Strength	Doctor	Day Supply	CarolinaCARE will fill without a selection: Please check one	Coupon Enclosed
1)		<input type="radio"/> 30 <input type="radio"/> 90	<input type="radio"/> Fill Now <input type="radio"/> Don't Fill Now	<input type="radio"/> Yes <input type="radio"/> No
2)		<input type="radio"/> 30 <input type="radio"/> 90	<input type="radio"/> Fill Now <input type="radio"/> Don't Fill Now	<input type="radio"/> Yes <input type="radio"/> No
3)		<input type="radio"/> 30 <input type="radio"/> 90	<input type="radio"/> Fill Now <input type="radio"/> Don't Fill Now	<input type="radio"/> Yes <input type="radio"/> No
4)		<input type="radio"/> 30 <input type="radio"/> 90	<input type="radio"/> Fill Now <input type="radio"/> Don't Fill Now	<input type="radio"/> Yes <input type="radio"/> No
5)		<input type="radio"/> 30 <input type="radio"/> 90	<input type="radio"/> Fill Now <input type="radio"/> Don't Fill Now	<input type="radio"/> Yes <input type="radio"/> No

Prescription processing requires a method of payment in advance of shipping.

I am paying by check or money order. Enclosed is the amount \$ _____.
*****Make checks and money orders payable to CarolinaCARE*****

I am paying by payroll deduction where the current limit is \$400.00 per pay period.

I am paying by credit/debit card. The card number and expiration date are listed below.

_____ Print Cardholder's Name (as it appears on card) _____ Cardholder's Signature _____

_____ Card Number _____ Expiration Date _____

Type of Card [] Visa [] Master Card [] Discover [] AMEX [] Flexible Spending

Did you know the most efficient way to request prescription refills is through the CarolinaCARE website (www.carolinacarerx.org)? You can also request the transfer of prescriptions from retail pharmacies to CarolinaCARE, view prescription history, update address and payment information, and retrieve consumer information about medications. If you have questions, contact a CarolinaCARE representative at 704-512-6800, or toll-free at 1-866-697-6800 Monday-Friday 8:00am to 6:00pm. We are happy to assist.

IMPORTANT INFORMATION from CarolinaCARE

Here is additional information you may find helpful when placing your order. Any update(s) about your order is communicated by e-mail only. Remember to provide your preferred e-mail address and to update your contact information as needed.

- **Prescription orders**

Prescriptions can be sent to CarolinaCARE using the following processes:

1. **US Postal Service** - (mailing address: P.O. Box 31691, Charlotte, NC 28231-1691) Remember to complete and enclose this Prescription Order Form. Additional forms can be printed directly from the CarolinaCARE website. Payment information must be submitted each time an order is placed.
2. **E-prescribe & Physician fax** (704-512-6801) - Prescriptions can be prescribed electronically (preferred) or faxed directly to CarolinaCARE by the prescriber's office only. Once received by CarolinaCARE, these prescriptions are placed on HOLD until you specifically request the order either through the CarolinaCARE website (www.carolinacarerx.org) or by telephone (704-512-6800).
3. **CarolinaCARE website** (www.carolinacarerx.org) – for refill requests, orders on HOLD and transfers only.
4. **My QuikRefill Line** (704-512-6800) - Simply follow the prompts guided by the IVR (interactive voice response) for refill requests only.
5. **Prescription Coupons & Copay Cards** – Most coupons & copay cards for medications available through the prescription plan can be submitted to CarolinaCARE **at the same time you submit your order**. There may be a few exceptions, based on the manufacturer's guidelines. Please read the conditions for processing coupons/copay cards (including expiration dates) before sending these to CarolinaCARE with your order. Prescription discount cards cannot be processed at CarolinaCARE. for more information, refer to the Frequently Asked Questions at www.carolinacarerx.org. NOTE: CarolinaCARE cannot process prescription discount cards at this time (example is the Good Rx discount card).

- **Prescription history**

Both the subscriber (i.e., the benefits eligible teammate) and the spouse have access to the prescription history of all minor dependents (17 years old and younger). For HIPAA compliance, dependents **age 18 years and older** must create a separate individual account.

- **Methods of Payment**

While all patient information remains highly secured and confidential, dependents covered on the teammate's health plan (including spouse, minors, and dependents age 18 years & older) can view and select the financial options listed on the teammate's CarolinaCARE web account (i.e., payroll deduction, credit cards, debit cards, flexible spending and health savings accounts).

- Complete information for the payment option that you intend to use must be supplied **each time** a prescription order is submitted to CarolinaCARE. Please do not write on the order form such things as "card on file" etc. The card type, account numbers and expiration dates must be indicated with each order.

We appreciate the opportunity to serve you, and are working hard to ensure a completely hassle-free experience. By planning ahead and submitting your prescription requests to CarolinaCARE in advance of running out of medication, you are assured timely delivery!