

# Payment Authorization Form

Integrated Home Mail Order (IHMO) Pharmacy requires your copayment to be received when a prescription is ordered. Your credit or debit card can be kept on file to prevent delays in filling your order. Payments can also be made by check, money order, or cashier's check. Follow the four steps on this form to authorize payment for your prescription medication orders.

## 1: Provide your background information

### Shipping Information

Address		Apt. or Suite	City
State	ZIP Code	Home Phone Number	Work Phone Number

### Patient Information *List up to 4 people (including yourself) in your family whose prescription purchases are authorized with this card.*

First and Last Name	Date of Birth
First and Last Name	Date of Birth
First and Last Name	Date of Birth
First and Last Name	Date of Birth
Email*	

\*Integrated HMO Pharmacy may communicate with you via email if you provide a valid email address. We value your privacy. Your personal information will be kept confidential and will not be sold to third parties. It will only be used for communications you request related to services provided by IHMO Pharmacy.

## 2: Provide your payment information

### Payment Information *(VISA, MasterCard, and Discover are accepted)*

<input type="checkbox"/> Credit Card	<input type="checkbox"/> Authorize this card for all future payments
<input type="checkbox"/> Debit/Bank Card	<input type="checkbox"/> Call me to authorize this card before filling each order

I understand that all copayments and/or prescription costs for products purchased through Integrated HMO Pharmacy will be charged to the card provided on this form. I also understand by signing this form that prescription medications cannot be returned to the pharmacy for credit unless in response to a recall, defect in a medical device, or otherwise pre-approved by the pharmacy. A return of medication for any reason shall result in its immediate destruction and shall not be available for credit. →

Card Number	Expiration Date
Name as it Appears on the Card	
Billing Address	
Signature of Cardholder	Date



### Questions?

Call 1 (800) 633-7928  
TTY: (866) 706-4757

Form continues on back >

### 3: Check your work

Make sure the information on this form is correct. This information will remain private, and will be used to pay for your prescriptions.

### 4: Submit this form

Either fax the form to **1 (800) 801-2395** or mail the form to:

**Integrated HMO Pharmacy**

PO Box 369

Boys Town, NE 68010



**If you ever have a question** about your medications, shipments, or billing, IHMO Pharmacy's U.S.-based support specialists and pharmacists are available by phone.

**Call 1 (800) 633-7928 TTY: (866) 706-4757**

*Prescription medications cannot be returned to the pharmacy for credit unless it's in response to recall, a defect in a medical device, or a reason otherwise pre-approved by the pharmacy. A return of medication for any other reason shall result in its immediate destruction and shall not be available for credit.*

### To get your new prescriptions filled...

**Mail:** You may mail an original prescription from your doctor. Ask for your prescription to be written for a 90-day supply, and for up to a year of refills to make getting your medications as easy as possible. Order forms for refills will be included with each order you receive.

**Fax:** Prescriptions may be faxed to 1 (800) 801-2395 from the prescribing physician's office. The fax must include a fax cover sheet from the physician's office.

**Phone:** Have your Rx numbers (found on your bottle or prescription reorder form) ready and then call 1 (800) 633-7928. You may leave a message with the prescription refill center. Be ready to leave the patient name, date of birth, contact information, and any special requests.

**ePrescribe:** Your doctor may submit your prescription to IHMO Pharmacy via electronic prescription. Have them call 1 (800) 633-7928 with any questions.

**Quantities to be dispensed:** Have your physician write your prescription for a three month or a 90-day supply; the prescription must display the exact quantity to be dispensed by IHMO Pharmacy.

**ATTENTION:** National Pharmaceutical Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-546-5677 (TTY: 1-866-706-4757).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-546-5677 (TTY: 1-866-706-4757). // National Pharmaceutical Services cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-546-5677 (TTY: 1-800-546-5677)。// National Pharmaceutical Services 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。