Anthem Rx Direct

Prescription Order Form
Anthem Prescription Management, LLC.
P.O. Box 746000
Cincinnati, Ohio 45274-6000

Fold in thirds and mail in envelope.

Customer Service
1 (800) 962-8192
TDD, 1 (800) 221-6915
Mon.-Fri., 9 a.m. - 11 p.m. EST
Sat., 9 a.m. - 5 p.m. EST

Ship to:

Policyholder's name	Policyholder ID no.	Phone no. (day)	Phone no. (evening)
Street	e-Mail (optional)		Apt. no.
City		State	ZIP code

Payment information (Make check or money order payable to Anthem Rx Direct. Payment must be included with order.)

☐ VISA ☐ MasterCard ☐ Discover Card	Credit card no. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	Exp. date Mo. ☐☐ Yr. ☐☐
Total amount due $	Please sign for credit card order.	Do you want childproof caps used? ☐ yes ☐ no

Please use this order form for refills

Refill numbers	Patient name	Medication names
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Anthem Rx Direct pharmacist will dispense federally approved, cost-saving generic equivalent drugs for brand-name drugs unless your physician directs otherwise.

TO REORDER
PLACE REFILL LABEL HERE.

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New prescription orders

Name of patient for whom the prescription is enclosed	Date of birth	Sex ☐ Male ☐ Female	Relationship ☐ Self ☐ Spouse ☐ Child
Have you taken this medication before? ☐ yes ☐ no			
Doctor(s) name(s)	Doctors(s) phone number(s)	Drug allergies/health conditions	
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Have you taken this medication before? ☐ yes ☐ no			
Doctor(s) name(s)	Doctors(s) phone number(s)	Drug allergies/health conditions	
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Having difficulty filling out this form? Call our special Anthem Rx Direct Helpline, (800) 962-8192, to have a customer care professional guide you through the process. TDD users, please call 1 (800) 221-6915. For more information, visit our web site at anthem.com.

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