NoviXus
Pharmacy Services

Medication Order Form

NoviXus Pharmacy Services Customer Service
1-877-668-4987 (TTY 711) or
www.novixus.com

Member Information – Please use black or blue ink and CAPITAL LETTERS only

First Name	Last Name	MI	Suffix

Member ID	Plan Name

Date of Birth	Gender ☐M ☐F	Number of New Prescriptions	Group Number

Mobile Phone (Include area code)* ☐Set as Preferred Phone	Home Phone (Include area code)* ☐Set as Preferred Phone

Shipping Address Line 1 ☐Use this address for this order only	Billing Address Line 1 ☐Check if same as Shipping Address

Shipping Address Line 2	Billing Address Line 2

City	State	Zip Code	City	State	Zip Code

Email Address (Email used for order status updates)

How to Contact Me

I want to receive automated phone calls, text messages or email to help me manage my medications.
My preferred method of getting notices is:

☐ Automated Phone Call* ☐ Text Message* ☐ Email*

*When you provide these numbers, we have your permission to contact you at these numbers about your NoviXus Pharmacy Services account. Your consent allows us to use text messaging, prerecorded voice messages and automated dialing technology for informational service calls, but not for telemarketing or sales calls. Message and data rates may apply. You may change these preferences or opt-out at any time by signing in to www.novixus.com.

Health Information

Allergies	☐Aspirin	☐Erythromycin	☐Penicillin	☐Tetracyclines
☐None	☐Cephalosporins	☐NSAIDs	☐Quinolones	☐Other _____
☐Amoxil/Ampicillin	☐Codeine	☐Peanuts	☐Sulfa	_____
Health Conditions	☐Asthma	☐Glaucoma	☐High Cholesterol	☐Thyroid Disease
☐None	☐Cancer	☐Heart Condition	☐Osteoporosis	☐Other _____
☐Arthritis	☐Diabetes	☐High Blood Pressure	☐Pregnancy	_____

Physician Information

Physician Last Name	Physician First Name

Physician Phone (Include area code)	Physician Fax (Include area code)

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Payment Information – Do not send cash

For fastest service, pay by credit or debit card. We accept VISA®, Mastercard®, Discover®, or American Express®. If you need to pay by check or money order, please call to speak with a representative.

Cardholder Last Name	Cardholder First Name

☐ Charge my payment method on file (Returning Customers)
☐ Charge my NEW credit card: ☐ Visa® ☐ Mastercard® ☐ Discover® ☐ American Express®

☐ Ship Expedited Delivery
(Add $25 to my prescription amount)

Credit Card Number	Expiration Date	Security Code

Standard shipping is free. Your order can take up to 10 days for delivery from the date we receive your order. You may choose expedited delivery for an additional $25 by checking the box above. Expedited delivery orders can only be sent to a street address, not a PO Box. Expedited delivery will reduce the shipping time 1–2 days. Processing time may take 3–5 business days from the time ***NoviXus Pharmacy Services*** receives your prescription.

I authorize ***NoviXus Pharmacy Services*** to charge my credit card for any copayment, coinsurance, deductible, or any other amount owed on my prescriptions, including any applicable expedited delivery charges.

X _____ Cardholder's Signature	Date

☐ Check this box if you DO NOT want us to use this payment method for future orders or balance due.
You can call ***NoviXus Pharmacy Services*** to update this information at any time or you can update your payment preferences by signing in to your account at www.novixus.com.

Authorizations

By returning this form to ***NoviXus Pharmacy Services,*** you verify that information is correct, that the prescriptions enclosed are for eligible participants, and you consent to the release and use of the patient's health information to the patient's health plan(s) and health care providers/agents for health benefit management. ***NoviXus Pharmacy Services'*** use or disclosure of individually identifiable health information, whether furnished by you or obtained from other sources, such as medical providers, shall be in accordance with federal privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

X _____ Signature	Date

Mail this completed order form, with your prescription and payment information, to:

NoviXus Pharmacy Services, PO BOX 8004, Novi, Michigan 48376-8004

Ask your doctor to send your prescription electronically to NoviXus Pharmacy Services or to fax it to us at: 1-877-395-4836

**Please note, we can only accept electronic prescriptions and faxes from your health care provider.

This letter may contain confidential individually identifiable health information protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other statutes.

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