

Monday – Friday: 7:00 am to 9:00 pm CST • Saturday - 8:00 am to 6:00 pm CST • Sunday – 9:00 am to 5:00pm CST

### 1 PATIENT INFORMATION

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder ID: \_\_\_\_\_

Group ID: \_\_\_\_\_

Phone:    -    -

D.O.B.:   -   -

Maxor will keep this address on file for all orders filled on this account until another address is provided.

Sex:  Male  Female

**For address changes, please call  
Maxor Mail Order at (800) 687-8629.**

Relationship to Cardholder:

Self  Spouse  Child

### 2 DRUG ALLERGIES & CHRONIC ILLNESSES

Drug Allergies:  None  Codeine  Sulfa  Aspirin  Penicillin  Other \_\_\_\_\_

Severity of Drug Allergies:  Mild  Moderate  Severe  Intolerance  Anaphylaxis

Chronic Illnesses:  Thyroid  High Blood Pressure  Diabetes  Glaucoma  
(Disease States)  Heart Condition  Intestinal Disorders  Lung Condition  Other \_\_\_\_\_

### 3 GENERIC MEDICATION INFORMATION

In accordance with Texas Pharmacy Law and availability Maxor Pharmacy will always dispense a generic medication with a lower co-payment unless you specify otherwise. Please contact a customer care associate at (800) 687-8629 to advise us of medications that you want dispensed brand-name only or use the space provided on the reverse side of this form to notify us of brand-name only medication exceptions.

<sup>1</sup>Please refer to the reverse side of this form for further details.

### 4 PAYMENT METHOD

In order to process your prescriptions quickly, please enclose the correct co-payment amount(s). If assistance is needed with calculating co-payment amount(s), please call MaxorPlus at (800) 687-0707.

Payment Options:  Check/Money Order  Credit Card

#### Paying By Credit Card?

Visa  MasterCard  Discover  American Express

Credit Card Number:

Expiration Date:

MM/YYYY

Check here to decline keeping credit card information on file at the pharmacy.

Credit card already on file.

X  
Signature of Cardholder

Expedited Shipping via UPS or FedEx:  \$25.00 for overnight shipping  \$15.00 for 2-day shipping

Note: Expedited shipping will **not** rush prescription processing. Prices subject to change.

**Use reverse side for prescription refills.**

## 5 ORDER REFILLS

### Brand-Name Only Medication Exceptions:

Rx Number	Name of Medication	Strength	Doctor's Name	Co-payment

### Order Refill Prescriptions Here:

Rx Number	Name of Medication	Strength	Doctor's Name	Co-payment

### Questions?

Call Maxor Pharmacy toll-free at (800) 687-8629, Monday - Friday, 8 a.m. to 7 p.m. CST.

## 6 HOW TO ORDER

### HOW TO ORDER REFILLS

**BY MAIL:** Complete the payment and refill sections, and mail to Maxor Mail Order.

**BY PHONE:** Call toll free (800) 687-8629 or (806) 324-5500 and use our automated system to enter the Rx number printed on your prescription label, or speak to a customer service representative during normal business hours.

**BY INTERNET:** You may refill your prescriptions on our website at [www.maxor.com](http://www.maxor.com). Please choose the REFILL PRESCRIPTIONS section under FILLING YOUR PRESCRIPTIONS. You will need your prescription numbers and credit card information available.

### HOW TO ORDER NEW PRESCRIPTIONS

**BY MAIL:** Complete the payment and patient information sections, enclose your new prescriptions, and mail to Maxor Mail Order.

**BY PHONE:** Have your doctor call in new prescriptions to (800) 687-8629 or (806) 324-5500.

**BY FAX:** Your doctor can fax new prescriptions to (866) 589-7656. In accordance with Texas law, only your doctor can fax new prescriptions.

## 7 IMPORTANT INFORMATION

<sup>1</sup> The submission of this form, for you or any of your dependents, authorizes the release of all information to the Plan Sponsor, Administrator, or Underwriter, and authorizes the prescription to be filled with the generic equivalent when available and permissible by law, in accordance with your benefit plan requirements. If you request a brand name drug when your doctor permits substitution, you may be responsible for paying the difference in cost between the brand name drug and the generic equivalent plus a co-payment. Refer to your plan benefit information for more details or contact a customer care associate at (800) 687-8629.

**Reminder:** You will always be charged the mail order co-pay when you send or transfer a prescription to Maxor Mail Order. To maximize your savings, ask your doctor for a 90 day supply with refills up to one year.

Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer your questions. Please call your pharmacy.

### Complaints against the practice of pharmacy may be filed with the:

Texas State Board of Pharmacy  
William P. Hobby Building, Suite 3-600  
333 Guadalupe, Box 21  
Austin, Texas 78701-3942 • (512) 305-8000  
To receive a complaint form call  
(800) 821-3205 or (512) 305-8080 if in Austin.  
(recorded information only)  
[www.tsbp.state.tx.us](http://www.tsbp.state.tx.us)

Se la presentado a usted la informacion por escrito sobre esta receta. Favor de leer esta informacion antes de tomar el medicamento. Si usted tiene preguntas tocante a esta receta, estara un farmaceutico disponible durante las horas de negocio para contestar sus preguntas. Por favor llame a su farmacia.

### Quejas contra la practica de la farmacia pueden ser reportadas al:

Concilio de Farmacia Del Estado De Tejas  
William P. Hobby Building, Suite 3-600  
333 Guadalupe, Box 21  
Austin, Texas 78701-3942 • (512) 305-8000  
Para recibir una forma de queja llame:  
(800) 821-3205 or (512) 305-8080 if in Austin.  
(informacion grabada solamente)  
[www.tsbp.state.tx.us](http://www.tsbp.state.tx.us)

This form is used to order refills or new prescriptions. Please mail this form 14 days in advance before your medication runs out and enclose the appropriate co-payment amount.

**MAXOR NATIONAL PHARMACY SERVICES CORP.**  
**Notice of Uses**  
**PROTECTED HEALTH INFORMATION**  
(Effective April 30, 2003)

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE  
USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS  
INFORMATION. PLEASE REVIEW IT CAREFULLY.**

In accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Maxor National Pharmacy Services Corp. is required to inform you of its practices in relation to the protected health information that it maintains about you. HIPAA mandates minimum standards that a covered entity such as Maxor National Pharmacy Services Corp. must maintain in relation to your protected health information. This Notice of Uses is being provided to help you understand how Maxor National Pharmacy Services Corp. meets these minimum standards. It is also meant to inform you of the ways that Maxor National Pharmacy Services Corp. may use the personal information it collects about you and how it may disclose it.

**UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION**

When you receive care from a healthcare provider, a record of that treatment is made. This record will typically contain information on your diagnosis, treatment, and future plan of treatment and is often collectively referred to as your medical record. This medical record includes protected health information and lays the foundation for determining your plan of care and treatment and allows for a successful means of communication between all healthcare professionals that contribute to your care.

HIPAA protects information found in your medical record from disclosure without your authorization. The information protected by HIPAA includes:

1. Any information related to your past, present or future physical or mental health;
2. The past, present or future payment for health services you have received;
3. The specific care that you have received, are receiving or will receive;
4. Any information that identifies you as the individual receiving the care; and
5. Any information that someone could reasonably use to identify you as receiving the care.

This information is referred to as protected health information throughout this Notice.

## **TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS**

As a Covered Entity, Maxor National Pharmacy Services Corp. is required to inform you of how it may use your protected health information. In providing treatment to you, Maxor National Pharmacy Services Corp. will use your protected health information for the purposes of treatment, payment and healthcare operations.

**Treatment** - As it pertains to Maxor National Pharmacy Services Corp., treatment means providing to you drugs, medications, supplies and durable medical equipment services as ordered by your physician. Treatment also includes coordination and consultation with your physician and other health care providers. As Maxor National Pharmacy Services Corp. provides these services to you, information obtained during this process will be recorded in your medical record. Maxor National Pharmacy Services Corp. will use this information, in coordination with your physician, to determine the best course of treatment for you.

**Payment** - Payment purposes consist of activities required to obtain reimbursement from your insurance carrier for the services ordered by your physician and provided to you by Maxor National Pharmacy Services Corp. This includes, but is not limited to, eligibility determination, pre-certification, billing and collection activities, obtaining documentation required by your insurer, and when applicable, disclosure of limited information to consumer reporting agencies.

**Healthcare operations** - Operations can include, but are not limited to, review of your protected health information by members of Maxor National Pharmacy Services Corp.'s professional healthcare staff to ensure compliance with all federal and state regulations. This information will then be utilized to continually improve the quality and effectiveness of the services provided to you by Maxor National Pharmacy Services Corp. Healthcare operations also include Maxor National Pharmacy Services Corp.'s business management and general administrative activities.

## **OTHER USES AND DISCLOSURES**

In order to release information contained in your medical record for purposes other than treatment, payment or healthcare operations, Maxor National Pharmacy Services Corp. must obtain a specific signed authorization from you. You may revoke such authorization at any time, except to the extent Maxor National Pharmacy Services Corp. has taken action in reliance on the authorization.

There are a limited number of other uses and disclosures of protected health information that do not require a specific authorization from you. Maxor National Pharmacy Services Corp. may in the following circumstances disclose your protected health information.

1. Maxor National Pharmacy Services Corp. may disclose limited health information about you to notify local agencies (i.e. power, gas, phone company, and emergency medical services), in the event of an emergency (i.e. flood, hurricanes, etc.), of your need for life sustaining equipment or assistance in evacuation due to your medical condition.

2. Maxor National Pharmacy Services Corp. may disclose to a member of your family, other relative, or a close personal friend, or any other person identified by you, the protected health information directly relevant to such person's involvement with your care or payment related to your health care.
3. Maxor National Pharmacy Services Corp. may disclose protected health information to others as required by law.
4. Maxor National Pharmacy Services Corp. may disclose protected health information for certain public health activities and purposes.
5. Maxor National Pharmacy Services Corp. may disclose protected health information to a legally-authorized government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.
6. Maxor National Pharmacy Services Corp. may disclose protected health information for law enforcement purposes and in response to court orders or subpoenas.
7. Maxor National Pharmacy Services Corp. may disclose protected health information to agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing and similar activities.
8. Maxor National Pharmacy Services Corp. may disclose protected health information to attorneys, accountants, and others acting on behalf of Maxor National Pharmacy Services Corp., provided they have signed written contracts agreeing to safeguard the confidentiality of the information.

**YOUR RIGHTS AS A PATIENT OF MAXOR NATIONAL PHARMACY SERVICES CORP.**

In accordance with HIPAA you have the following rights in relation to your protected health information.

1. You may request, in writing, additional restrictions to the use or disclosure of your protected health information; however, Maxor National Pharmacy Services Corp. is not required to agree to the requested restrictions.
2. You have the right to request amendments to your medical record.
3. You have the right to obtain a copy of this Notice of Uses.
4. You have the right of access to inspect and obtain a copy of your medical record, subject to certain limitations.
5. You have the right to obtain an accounting of disclosures of your medical record for purposes other than treatment, payment and healthcare operations.

6. You have the right to request communications of your medical record by alternative means (i.e. electronically) or at alternative locations.
7. You have the right to revoke authorization to use or disclose your protected health information except to the extent that action has already occurred.

## **RESPONSIBILITIES OF MAXOR NATIONAL PHARMACY SERVICES CORP.**

In accordance with HIPAA, Maxor National Pharmacy Services Corp. is required to:

1. Maintain the confidentiality of your protected health information. Your state laws may provide more protection than the federal laws and, in that case, we will abide by the more restrictive statute.
2. Provide you with notice of our legal obligations and privacy practices regarding information it may accumulate about you and is obligated to abide by the terms of this notice.
3. Notify you if it is unable to agree to a requested restriction, and make every effort to accommodate reasonable requests for communication of health information by alternative means.
4. Post its Notice of Uses on its website at [www.maxor.com](http://www.maxor.com).

Please be advised that in addition to these responsibilities, Maxor National Pharmacy Services Corp. reserves the right to change the terms of its Notice of Uses and make those changes applicable to all protected health information maintained at that time. If there is a change to its Notice of Uses, it will provide you with a revised notice to the most recent address you have supplied to Maxor National Pharmacy Services Corp.

Maxor National Pharmacy Services Corp. will not use or disclose your protected health information without your authorization, except as described in this notice.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions, would like additional information or, if you suspect misuse of your protected health information and believe that your rights have been violated, you may, without fear of retaliation, contact:

Privacy Officer  
Maxor National Pharmacy  
Services Corp.  
320 S. Polk Street, Suite 100  
Amarillo, Texas 79101  
(800) 658-6146; [privacy@maxor.com](mailto:privacy@maxor.com)

or

The Office of Civil Rights  
U.S. Department of Health & Human Services  
200 Independence Avenue SW  
Room 509F HHH Building  
Washington, D.C. 20201  
1(800) 368-1019



In accordance with HIPAA regulations, Maxor National Pharmacy Services Corporation must have a record of each patient's receipt of its Notice of Uses. Please complete the information below and return this form to the following address:

Privacy Officer  
Maxor National Pharmacy Services Corporation  
320 S. Polk Street, Suite 100  
Amarillo, Texas 79101

*\*You have the right to refuse to sign this form.*

Acknowledgement of receipt of Maxor National Pharmacy Services Corporation's Notice of Uses:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# MAXOR MAIL ORDER PHARMACY

## FREQUENTLY ASKED QUESTIONS

### How do I order prescriptions?

For new prescriptions please fill out the MAIL ORDER FORM and mail it to the pharmacy, along with your prescription and payment. If we do not have a credit card on file, please include a check or money order. Our mailing address is: Maxor Pharmacies, P.O. Box 32050, Amarillo, Texas 79120-2050. The most convenient method of ordering your refill prescriptions is through the automated phone system by calling toll-free (800) 687-8629 or through the Internet at [www.maxor.com](http://www.maxor.com).

### How long does it take to receive my prescriptions?

Please allow 14 days from when you send your request to receive your medications.

### Do I need to send in a new prescription each time I refill my medication?

If your prescriptions have refills available, you only need to have your prescription number. The most common reasons that require Maxor Mail Order to have a new prescription include having no refills remaining, dosage increases, or new medications that your doctor prescribes.

### Can I fax new prescriptions?

Only your doctor can fax new prescriptions.

### How do I refill my prescriptions online?

You may refill your prescriptions on our website at [www.maxor.com](http://www.maxor.com). Please choose the REFILL PRESCRIPTIONS section under FILLING YOUR PRESCRIPTIONS. You will need your prescription numbers and credit card information available.

### How do I refill my prescriptions using the automated telephone system?

Members can call (800) 687-8629 and follow the menu instructions to automatically refill your medications. If your prescription is too soon to fill, the automated system will give you the next available refill date. Please call back to order at that time. You will need your prescription numbers available as well as updated credit card information.

### What is my prescription number?

It is a number, beginning with an 11, found at the top left corner of your prescription bottle. It remains the same until your refills run out. When you get a new prescription from your doctor for the same drug, it is assigned a new prescription (Rx) number.

### What happens if I mail in my refill and it is too soon to fill?

We will mail your prescription on the earliest available refill date if the medication is available for refill within 30 days. Every insurance plan differs in their rules regarding the number of days between each refill. We do not send refills automatically. Most plans require that members use 75% of your most recent refill before you can order again. **The earliest refill date is printed at the lower left of your prescription bottle.**

### How do I pay for my prescriptions?

With new or refill prescriptions received by mail, you can send a check or money order along with your MAIL ORDER FORM. You may also pay by credit card, which we can store for future orders. Orders will not be processed without payment.

### Can I transfer my prescription from my local pharmacy?

Yes, in most cases. Members should contact our customer service department at (800) 687-8629 and speak with a representative to transfer prescriptions to Maxor Mail Order Pharmacy.



What are the benefits of using Maxor Mail Order?

It is a convenient way to have your prescriptions delivered to your home and, in most cases, at a significant cost savings. Please refer to your prescription card or your plan document for specific co-pay savings. Ask your physician to write two prescriptions, the first one written for a 30-day supply to be filled immediately at your local pharmacy and the second written for a 90-day supply to send to Maxor Mail Order.

**You will always be charged the mail order co-pay when you send or transfer a prescription to the mail order pharmacy. To maximize your savings, ask your doctor for a 90 day supply with refills up to one year. Note: A 30-day prescription with 2 refills is not the same as a 90-day prescription. The mail order pharmacy is required to fill each prescription as it is written.**

How will my prescription order be mailed?

Your medications are generally delivered via first-class mail by the US Postal Service. We also offer expedited shipping through UPS for an additional fee. **UPS requires a physical address and will not deliver to PO boxes.** Refrigerated medications, such as insulin, are shipped overnight via UPS at no additional cost to you. Please note that refrigerated medications are shipped overnight Monday – Thursday only.

What happens if my prescription requires a prior authorization?

If your prescription claim rejects at Maxor Mail Order due to a prior authorization, we will obtain the necessary information to process the request. It is sometimes necessary to contact your physician for additional information. Typically this process takes 24-48 hours, depending on how quickly the required information is obtained from your physician. You may call the MaxorPlus customer service at (800) 687-0707 if you have any questions regarding the status of a prior authorization request.

What happens when my prescription is out of refills?

When your prescription has no refills remaining and you request a refill from Maxor Mail Order, we will contact the prescribing doctor for a new prescription. It is recommended that you call back in within three business days to confirm a response from your doctor. Physicians can fax, mail, or call in prescriptions for patients. If you have changed physicians since your last prescription fill, you will need to contact your physician to request a new prescription.

Can Maxor ship controlled substance medications?

With a valid prescription, Maxor can ship Schedule 3, 4, and 5 controlled substance medications anywhere in the United States. However, due to Texas state regulations, Maxor can only ship Schedule 2 controlled substances if the prescription is written by a Texas physician on an Official Texas Narcotic prescription pad. Examples of Schedule 2 medications include, but are not limited to: Ritalin, Adderall, Duragesic, Focalin, and Oxycodone. If you need assistance identifying the classification of your medication, please contact our customer service department at (800) 687-8629.

