



INSTRUCTIONS FOR REFILLS

Refills Online - (www.rxoutreach.org) - To place refills online, log on to your account on the Rx Outreach Patient Portal. Once signed in, your account activity will appear and any prescriptions available for refill will be listed under the Prescription Category. Check the refill box on the prescriptions you wish to refill, and follow the remaining steps to complete your order.

Refills by Phone - To place refills by phone, give us a call at 1-888-RXO-1234 (796-1234). A representative will be available to assist you Monday through Friday between the hours of 7:00am to 5:30pm CST or continue to the automated system 24/7.

Refills by Mail – To order refills by mail, please complete sections A, B, and C of this form, and mail required documents to Rx Outreach. An acceptable form of payment is required to process requested refills. New prescriptions may be included with this form and submitted for processing.

To order controlled substances (CS), you must attach a copy of your photo ID card (e.g. driver’s license or state ID card). Controlled Substances will be shipped separately from other medications. CONTROLLED SUBSTANCES CANNOT BE SHIPPED TO A P.O. BOX OR DOCTOR’S OFFICE. YOUR SHIPPING ADDRESS MUST BE A DELIVERABLE U.S. POSTAL SERVICE STREET ADDRESS. Controlled substance medications are only allowed up to a maximum of a 90-day supply (3 months), with one refill.

I attest that my income remains at or below 400% of the federal poverty level. Annual income \$ _____ Household size # _____. I will not seek reimbursement of any fee I pay to Rx Outreach from my health insurance, including Medicaid, Medicare, or similar programs.

Section A: Refills by Mail (use an additional sheet of paper if necessary)

Please complete the below sections. Be sure to specify the quantity/day supply for each medication you would like to refill. To find information regarding the cost of your medication(s), please visit www.rxoutreach.org. Should we have any questions regarding your medication(s), we may contact you or your doctor for additional information.

Script # _____	Script Name _____	Qty to refill _____	Cost of Refill \$ _____
Script # _____	Script Name _____	Qty to refill _____	Cost of Refill \$ _____
Script # _____	Script Name _____	Qty to refill _____	Cost of Refill \$ _____
Script # _____	Script Name _____	Qty to refill _____	Cost of Refill \$ _____
Script # _____	Script Name _____	Qty to refill _____	Cost of Refill \$ _____
Script # _____	Script Name _____	Qty to refill _____	Cost of Refill \$ _____
			Total \$ _____

Section B: Patient Information

Rx Outreach Customer Id #: _____ Date of Birth: __/__/____

Full Name: _____

Shipping Address: _____ Apt #: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____ Check this box if you would like to receive our newsletter.

Doctor’s Name: _____ Dr. Phone #: _____ Dr. Fax #: _____

Please list any food/medicines you are allergic to: _____

Please list all medicines you are currently taking and medical conditions: _____

Section C: Payment Information - Personal check, money order, credit card (Visa, MasterCard, Discover, or FSA account only).

By check or money order: Make payable to Rx Outreach. *(Please do not send cash)* Amount Enclosed: \$ _____

By credit card: Credit Card Number: _____ - _____ - _____ - _____

Check type of credit card you are using: Visa MasterCard Discover FSA Exp: _____ - _____

<input type="checkbox"/>	Credit (check one)
<input type="checkbox"/>	Debit
Order Total \$ _____	

I authorize Rx Outreach to charge this credit card for payment.

Name on Card: _____ Signature of Cardholder: _____

I acknowledge that the information on this form is true and correct. I consent to the release by my health care providers of my medication information pertaining to prescriptions for Rx Outreach to be used for program authorization purposes.

Mail this form & payment to: Rx Outreach, Inc. / P.O. Box 66536 / St. Louis, MO 63166-6536