



### STEP 4 - Establish Payment Method

 Credit/Debit Card # 

 Exp. Date  / 

 HumanaAccess®  
 Visa® Debit Card # 

 Exp. Date  / 

 Cardholder First Name 

 Cardholder Last Name 

 Cardholder Signature: 

- Expedite the shipping of my order for \$17 (normal processing time still applies)
- Use this card for this order only

### STEP 5 - Allergies

	Member	Dependent
No Known	<input type="radio"/>	<input type="radio"/>
Aspirin 4	<input type="radio"/>	<input type="radio"/>
Codeine 97	<input type="radio"/>	<input type="radio"/>
Peanuts 539	<input type="radio"/>	<input type="radio"/>
Penicillin 31	<input type="radio"/>	<input type="radio"/>
Sulfa 40	<input type="radio"/>	<input type="radio"/>

### STEP 6 - Prescription Information

	Member	Dependent
I want easy open caps.	<input type="radio"/>	<input type="radio"/>
I want brand-name medicines only (I understand this may cost more).	<input type="radio"/>	<input type="radio"/>
I am enclosing prescriptions with this form.	<input type="radio"/>	<input type="radio"/>

### STEP 7 - Health Conditions

	Member	Dependent
No Known	<input type="radio"/>	<input type="radio"/>
Arthritis 716.90	<input type="radio"/>	<input type="radio"/>
Asthma 493.00	<input type="radio"/>	<input type="radio"/>
Diabetes 250.0	<input type="radio"/>	<input type="radio"/>
GERD (acid reflux) 530.81	<input type="radio"/>	<input type="radio"/>
Glaucoma 365	<input type="radio"/>	<input type="radio"/>
Heart Disease 429.9	<input type="radio"/>	<input type="radio"/>
High Blood Pressure 401.9	<input type="radio"/>	<input type="radio"/>
High Cholesterol 272.4	<input type="radio"/>	<input type="radio"/>
Migraines 346	<input type="radio"/>	<input type="radio"/>
Osteoporosis 733.00	<input type="radio"/>	<input type="radio"/>
Pregnancy 72.4	<input type="radio"/>	<input type="radio"/>
Thyroid Disease 245.9	<input type="radio"/>	<input type="radio"/>

### STEP 8 - Other Information

	Member	Dependent
Other Allergies or Health Conditions not listed above:	<input type="text"/>	<input type="text"/>
I am currently taking these medications not filled at RightSource:	<input type="text"/>	<input type="text"/>
I am currently taking these over-the-counter medications and/or herbal supplements:	<input type="text"/>	<input type="text"/>

### STEP 9 - Mailing Instructions

- Please write your name, date of birth, Humana Member ID, and shipping address on the back of each prescription.
- Send this form along with your prescription(s) and payment to:

**RightSource, P.O. Box 745099, Cincinnati, OH 45274-5099**

NOTE: Prescriptions may be filled or processed by any of the RightSource pharmacies. In order to comply with certain federal and state laws, and to ensure the integrity of medications dispensed, all RightSource sales are final. Payment is due upon shipment. Some health plans require the patient to pay the difference between generic and brand costs. State law permits pharmacists to substitute a less expensive generically equivalent drug for a brand drug unless you or your physician direct otherwise.