



(800) 785-4197



HEALTH REPUBLIC INSURANCE OF NEW YORK

US Script's Mail Service Provider

For Patients with Maintenance Medication Needs

- Prescriptions delivered to your home
• Convenient ordering by phone, Internet or mail



RxDirect does not share any customer information with third-party marketers who would offer their products and services to you.

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RxDirect's NOTICE OF PRIVACY PRACTICES

RxDirect uses this information to accurately process your prescriptions and receive payment for your healthcare services. RxDirect employees are trained to safeguard information during all business practices according to established security standards, procedures, and applicable laws, and access information about you only when necessary to fill your prescriptions, verify eligibility, obtain an authorization, process claims with your insurance

Information, such as name, address, and claim information, as well as medical and health information known as Private Health Information.

Keeping your private health information secure

Protecting your privacy

Protecting your privacy and your medical information is at the core of our business and is required by law. RxDirect recognizes our obligation to keep your information secure and confidential. You can count on RxDirect to keep you informed about how we protect your privacy and limit the sharing of information. RxDirect will abide by this notice of privacy, yet if updated the new notice will be in effect from that time forward.

Visit our website at http://www.usscript.com/rxdirect. This notice describes how we collect, use, and disclose your information. Please review it carefully. If you have questions about this notice, please contact RxDirect's Office Manager.

RxDirect's NOTICE OF PRIVACY PRACTICES

Check Money Order (Payable to RxDirect) PLEASE CHECK DELIVERY OPTION
Visa MasterCard Discover STANDARD DELIVERY (NO CHARGE: Please allow up to 14 days)

(Credit Card Number) FEDEX OVERNIGHT - \$20.00

Expiration Date: FEDEX 2ND DAY - \$12.00

Name: FEDEX 3RD DAY - \$8.00

By signing here, you authorize RxDirect to keep your credit card on file and bill future orders to this credit card.

SHIPPING CHARGES ARE SUBJECT TO CHANGE
By returning this form to RxDirect, you authorize the use and the release of information to your plan sponsor, plan administrator, healthcare providers and their agents for use in connection with the management of your health benefits and those of your covered dependents.

Check here if you want your credit card to be charged for this order only.

Form with multiple horizontal lines for signature and name.

I have been provided with a Notice of Privacy Practices that provides a description of the uses and disclosures of certain health information. I understand that RxDirect will abide by the terms of the current notice yet reserves the right to change their Notice of Privacy Practices and that prior to implementation RxDirect will post any changes on their web site at www.usscript.com/rxdirect. I can also request that a copy be mailed to me by calling RxDirect. This notice is given with the understanding that:

- 1. RxDirect uses private health information to accurately process my prescriptions and receive payment.
2. As is required by law, any and all records are confidential and cannot be disclosed without my prior written authorization, except as previously stated within this notice or provided by law. I may revoke my authorization at any time, except where information has already been released. I have the right to review any authorized disclosures.
3. I have the right to review my private health information and request amendments.
4. I have the right to request additional restrictions on the use of my private health information.
5. If I feel my privacy has been violated, I can complain to RxDirect or the Secretary of Health and Human Services.

*RxDirect is not bound by the restriction/amendment unless it is in agreement with the restriction/amendment.

Signature of Insurance Cardholder

Printed Name of Insurance Cardholder

Date

FREQUENTLY ASKED QUESTIONS

FOR MORE HELPFUL INFORMATION TO YOUR QUESTIONS, VISIT OUR WEBSITE AT WWW.USSCRIPT.COM/RXDIRECT

Q. HOW DO YOU GET STARTED?

A. You must enroll with RxDirect. To enroll:

1. Visit www.usscript.com/rxdirect and click on "New Member Application". Complete the form and submit it online. You will receive a confirmation email with next steps to complete your enrollment. To complete your enrollment via mail using this paper form, please read on.
2. Fill out the enrollment form completely.
3. On the back of each new prescription, write the insurance cardholder's policy identification number and the member's date-of-birth.
4. Enclose a method of payment. (check, money order, Visa, Discover, or MasterCard number)
5. Sign Enrollment Form. Your signature is required in two places: (1) at Method of Payment (2) at the Privacy Disclosure.
6. Mail your enrollment form, new prescription(s), and your method of payment to: **RxDirect, P.O. Box 2470, Texarkana, Texas 75504-2470** or call (800) 785-4197.

Q. When will I receive my medication?

A. RxDirect's prescription processing time is 2 full business days after receipt of prescriptions. Please allow up to 14 days for normal postal delivery time. Any order that ships by FedEx will be shipped after the 2 full business days processing time.

Q. How will I know what medications are covered? How much is my copay?

A. RxDirect does not determine what medications are covered by your insurance plan or your copay amount. If you would like to know what medications are covered or the amount of your copay, contact your plan sponsor or visit the US Script Member Portal for more information.

Q. Can my doctor call or fax in my new prescriptions?

A. Yes, your physician may call (800) 785-4197 to receive information on phoning or faxing in a prescription to RxDirect. There are a few exceptions in which the original hard copy must be mailed to RxDirect.

Q. My doctor wrote my prescription for a 30-day supply with 2 refills. Will you send me a 30-day supply or a 90-day supply?

A. If your plan allows for a 30-day supply, a 30-day supply will be sent. The law prohibits pharmacies from dispensing more than the quantity prescribed by the doctor. For the most value from your co-pay, remind your doctor to write the prescription for the maximum days supply your policy will allow.

Q. How long is a prescription valid?

A. Prescriptions are valid for one year from the date written by your physician. The exception is controlled medication, which is good for 6 months. Some special types of controlled medications are valid for much less time.

Q. How do I know if a medication is a brand or generic?

A. Many generic medications are available at a significant savings. You may talk with your doctor about the substitution of a generic when possible. RxDirect will always substitute a generic when available unless the doctor specifies, "brand necessary" or dispense as written. If you are not sure if a medication is available in a generic you may call Customer Service at (800) 785-4197. If you do not want a generic substitution for a specific medication, please note in the Comment Section.

Q. Do I pay for shipping?

A. No. All orders are shipped FREE as a courtesy of RxDirect, through the US Postal Service. However, you may select to have your order shipped by Federal Express (Overnight, 2nd day, or 3rd day) at your expense.

Q. How do I check to see if my order has shipped?

A. To check on the status of your order, you may call Customer Service at (800) 785-4197.

Q. How will my controlled substances be shipped to me?

A. Shipping a controlled substance from RxDirect is by FedEx 3-day with a signature.

Q. How will my temperature sensitive medications be shipped?

A. Temperature sensitive medications that require refrigerations are shipped in a Styrofoam box with ice packs. These medications are shipped Monday - Thursday at no additional fee through FedEx for overnight delivery to ensure your medicine arrives within established guidelines.

Q. Do you automatically send my refills?

A. No. There are four ways to request a refill:

1. Mail in your reorder form or a brief letter listing prescription numbers
2. Fax (903) 735-4011
3. Telephone (800) 785-4197
4. Internet, our internet address is www.usscript.com/rxdirect

Use our online refill ordering system and get refill reminder emails when it's time to order refills again.

Remember, all orders must be paid in full before being shipped.

Q. Can I return my medication?

A. No. The law prohibits the return of any medication once it has left the pharmacy.

Q. I have an existing prescription; can I transfer it?

A. We will make every effort to transfer your prescription or call your physician for a new prescription. However, you could experience delays. Sending a new prescription is the quickest way to receive your medication, because we can begin processing immediately. To transfer a prescription, please go to www.usscript.com/rxdirect, click on the "Transfer a Prescription" form, then complete and submit the form. You will receive a confirmation email with next steps for transferring your prescription to RxDirect.

To submit your transfer request via mail, please call RxDirect at (800) 785-4197 and provide the following information:

1. Prescription Number (Rx#)
2. Drug Name(s)
3. Pharmacy Name
4. Pharmacy telephone number
5. Doctor's Name
6. Doctor's telephone number
7. Current Quantity

A TRANSFERRED PRESCRIPTION HAS THE SAME QUANTITY AS THE ORIGINAL PRESCRIPTION.

Q. What do I do if a Prior Authorization (PA) is needed for one of my prescriptions?

A. A Prior Authorization maybe required for multiple reasons, some reasons are: dosage limit, drug not covered on preferred drug list of benefit plan, and age restrictions. RxDirect will fax the PA form to your physician for completion. After the form is completed by your physician and faxed to the Prescription Benefits Manager (PBM) for their review. The PBM decision of the PA will be sent to the physician to notify you of the outcome. RxDirect will send your prescription after we have been notified of the approval. For more information, contact your PBM.

Please fill out this form. Save time by completing this form online at www.usscript.com/rxdirect NEED HELP? CALL (800) 785-4197

RxDIRECT NEW MEMBER ENROLLMENT FORM

EMPLOYER NAME: _____ PRIMARY MEMBER ID (if different than below SSN) _____

PRIMARY FAMILY MEMBER

Last Name: _____ M.I.: _____ First Name: _____ Sex: M / F
 Date of Birth: ____/____/____ Drivers License#: _____ SSN: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____
 Prescriber's Name: _____ Prescriber's Phone: _____
 Drug Allergies (Please List): _____
 Diseases (i.e. asthma): _____

SPOUSE

Last Name: _____ M.I.: _____ First Name: _____ Sex: M / F
 Date of Birth: ____/____/____ Drivers License#: _____ SSN: _____
 Email: _____ Prescriber's Name: _____ Prescriber's Phone: _____
 Drug Allergies (Please List): _____
 Diseases (i.e. asthma): _____

DEPENDENT

Last Name: _____ M.I.: _____ First Name: _____ Sex: M / F
 Date of Birth: ____/____/____ Drivers License#: _____ SSN: _____
 Email: _____ Prescriber's Name: _____ Prescriber's Phone: _____
 Drug Allergies (Please List): _____
 Diseases (i.e. asthma): _____

DEPENDENT

Last Name: _____ M.I.: _____ First Name: _____ Sex: M / F
 Date of Birth: ____/____/____ Drivers License#: _____ SSN: _____
 Email: _____ Prescriber's Name: _____ Prescriber's Phone: _____
 Drug Allergies (Please List): _____
 Diseases (i.e. asthma): _____