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 Please complete this form for NEW and R prescription medication. You can also orde online at the website on your ID card. 																
 Print all information clearly as shown in sample below using BLUE or BLACK in 																
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Step 3: Shipping Method										
Refrigerated shipments will be exped expedites carrier delivery time only. C change by carrier without prior notific	order processin	g is not	affected by SPECIAL SHIPPIN							
Standard Shipping \$0.00	Standard Shipping \$0.00 USPS Priority Mail 2 - 3 Days \$9.25 Overnight Delivery \$17.95									
Step 4: Method of Payment										
Check Oney Order	Please	make ch	eck or money order payable to	Cigna I	Home Delivery Pharmacy					
Total payment enclosed (excluding cr	edit card paym	ent):	\$							
VISA Discover	[
O MasterCard O American Ex	press	Credit / I	Debit Card #		Expiration Date					
O Use Credit / Debit Card on File	Last 4 digits of	f Credit /	Debit Card	Expiration	on Date					
I allow Cigna Home Delivery Pharmacy to bill my credit / debit card for this and all future orders. I understand that my credit / debit card will be billed the following amounts in effect at the time my order is filled: any applicable copayment(s), coinsur- ance and/or deductible(s), payments due for any medications not covered, plus any special shipping costs.										
Step 5: Refill Prescriptions Attack	h label OR cor	nplete r	equested information							
Print Prescription Nu	mber Here		Print Prescri	iption Nu	umber Here					
Individual's Name			Individual's Name							
Date of Birth		Date of Birth								
Drug Name										
Print Prescription Nu	nber Here		Print Prescri	iption Nu	umber Here					
Individual's Name			Individual's Name							
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Drug Name Drug Name										
Step 6: New Prescriptions Include original written prescription from your doctor										
Please write the date of birth and the Cigna ID on the back of each prescription.										
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Individual's Full Name Date of	f Birth Now	Now	Medication Name & Strength	Only	Doctor's Full Name					
Pharmacy law allows pharmacists to substitute a less expensive generically equivalent medication for a brand name medication unless you or your doctor request the brand. By checking (\checkmark) "Brand Only", you may be responsible for a higher cost.										
You can call us at 1.80	0.835.3784 or	visit the	al prescription(s) from your do website on your ID card. You o ry Pharmacy, PO Box 1019, Ho	can also						