



PATIENT TRANSFER FROM OTHER PHARMACY

ORCHARD

Checklist



☐ Rx(s) Included

☐ Member Profile

☐ Patient(s) Profile

☐ Payment Included

☐ Details

☐ Special Notes

[illegible]

Thank you for choosing Orchard Pharmaceutical Services.



ORCHARD
PO BOX 3094
CANTON OH 44799-2043



POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 83 CANTON OH



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



SAVE POSTAGE AND TIME

Have your physician eprescribe via the internet, call in or fax your next new 90-day prescription to us:
866-909-5170 Call Center
711 TTY
866-909-5171 Fax

Orchard Pharmaceutical Services
P.O. Box 3094
North Canton, Ohio 44720

Send us an email:
questions@orchardrx.com
refill@orchardrx.com

If contacting us by email, please include your member name and ID number.

How do I order my refills?

Refills for your existing prescriptions can be ordered online at our website www.orchardrx.com or through our Interactive Voice Response system (IVR), 24 hours, 7 days a week. Using a touch-tone phone, simply dial our toll-free number 866-909-5170, then select option "1" to access the automated refill center. It is easy to follow the prompted directions. During regular business hours, you may call an Orchard Customer Service Representative; or you may complete your reorder form that comes with each order and return in the Orchard self-addressed envelope.



MAIL SERVICE

Prescription Drug Program





What is Mail Order Pharmacy?

A Mail Order Pharmacy provides an opportunity for you to receive a 90-day supply of prescription medications mailed directly to your home. It is designed to service maintenance medications that are taken on an ongoing basis. Most Retail Pharmacies can only dispense a 30-day supply of a prescription at one time. Orchard Mail Service will reduce your trips to the pharmacy.

Compliance Program

Our FREE compliance program will ease the burden of marking your calendar when your next refill is due, and eliminate extra trips to the pharmacy. Once you are enrolled, our program AUTOMATICALLY refills your prescriptions and charges your account when 70% of your current order has been consumed. This way you will NEVER run out of your medication. Please check the box on the enrollment form to participate.

Generic vs. Brand Name Drugs

Orchard Pharmaceuticals will automatically dispense the generic drug to you unless specified by you or your doctor. This will reduce your co-payment without a compromise in quality or benefit level with your prescription plan. By law, generic and brand name drugs must meet the same standards for safety, purity, strength, and effectiveness. The generic name of a drug is its chemical name and the brand name is a trade name which it is advertised and sold under.

Your prescription will be mailed free of charge and arrive within 7-14 business days. There could be times that delays may occur, so please anticipate your needs and allow enough time for delivery.



HOW DO I GET STARTED?

- Fill out enrollment form
- Enclose new prescriptions
- Fill out prescription transfer form (if transferring from other pharmacies)
- Have your doctor call us at 1-866-909-5170 or fax us at 1-866-909-5171 your 90-day prescription. Your doctor may also eprescribe via the internet your 90-day prescription.

HOW DO I REORDER?

- Call us at 1-866-909-5170
- Online at www.orchardrx.com 24 hours a day
- Or simply write down prescription numbers on a separate piece of paper and enclose with our reorder form

PAYMENTS

- Orchard Pharmaceutical Services currently accepts Visa, MasterCard, Discover or American Express
- Personal or bank check only, please do not send cash. Orchard also accepts check by phone

SHIPPING

- Your medications will be shipped free of charge and arrive within 7-14 business days unless you request expedited shipping (additional charges will apply)
- Supply us with your email address, home or cell phone number and we will notify you when your order is mailed

Helpful Hints

Look over your prescriptions before you leave your physician's office for the following:

1. Patient's name is legible
2. Physician's name is legible
3. Exact daily dosage is indicated
4. Exact dosage is indicated
5. Exact quantity is indicated

www.orchardrx.com

Member ID #:

Member:

Spouse:

Dependent:

Dependent:

Dependent:

Dependent:

ALLERGIES

None				
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Penicillin				
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Sulfa				
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Other				
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Other				
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Cell Phone	() -			
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Email Address				
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CONFIDENTIAL PATIENT INFORMATION

INDIVIDUAL CONTACT INFORMATION

Please complete this form, detach and return in enclosed envelope to: Orchard Pharmaceuticals, P.O. Box 3094, North Canton, OH 44720

MEMBER ID NUMBER:

Employer Name:

Daytime Phone:

MEMBER INFO:

Employee Name:

First

Middle

Last

Gender:

Date of Birth:

Mailing Address:

Street

City

State:

Zip:

Phone:

YES, I do want to enroll in the FREE Compliance Program.

PAYMENT METHODS:

Select from one of our available payment methods below.

CHECK / MONEY ORDER: Check Money Order

CREDIT CARD: VISA MasterCard Discover AmEx

If the box above is selected for a credit card payment, you authorize Orchard to process amount of order on the designated card.

Card Number:

Expiration Date 00 / 0000:

Card Security Code - CVV: Unless the box below is checked, your credit card will be kept on file and you are authorizing its use for future orders.

I do not want my credit card used for future orders.

Number of Prescriptions: Co-Payment: \$ Total: \$

Signature:

ENROLLMENT / ORDER FORM FOR NEW PARTICIPANTS