VYTLONE PHARMACY

Call Us Toll Free At
(866) 408-2459

USFHP HOME DELIVERY FORM

Mail your order to:
416 South Tyler St.
Amarillo, TX 79101

(1) PATIENT INFORMATION

Name:_____

Street Address:_____

City:_____ State:_____ Zip: _____

Cardholder ID:_____

Group ID:_____

We will keep this address on file for all orders filled on this account until another address is provided.

For address changes, please call VytlOne Pharmacy at (866) 408-2459.

E-mail Address:_____

Phone: ☐☐☐ - ☐☐☐ - ☐☐☐☐

D.O.B.: ☐☐ - ☐☐ - ☐☐☐☐

Sex: ❑ Male ❑ Female

(2) DRUG ALLERGIES & CHRONIC ILLNESSES

Drug Allergies: ❑ None ❑ Codeine ❑ Sulfa ❑ Aspirin ❑ Penicillin ❑ Other_____

Severity of Drug Allergies: ❑ Mild ❑ Moderate ❑ Severe ❑ Intolerance ❑ Anaphylaxis

List your over-the-counter medications:

Chronic Illnesses (Disease States): ❑ Thyroid ❑ High Blood Pressure ❑ Diabetes ❑ Glaucoma ❑ Heart Condition ❑ Intestinal Disorders ❑ Lung Condition ❑ Other_____

(3) GENERIC MEDICATION INFORMATION

❑ In accordance with Texas Pharmacy Law and availability, VytlOne Pharmacy will always dispense a generic medication with a lower co-payment unless you specify otherwise. To notify us of medications that you want dispensed brand-name only, please contact a member advocate at (866) 408-2459 or use the space provided on the reverse side of this form. USFHP will usually not pay for brand-name medications, with generic equivalents, without medical documentation and prior authorization outlining medical necessity. By choosing brand-name only medications, USFHP members will usually be responsible for the entire cost of the drug or a higher co-payment.

[1] *Please refer to the reverse side of this form for further details.*

(4) PAYMENT METHOD

In order to process your prescriptions quickly, please enclose the correct co-payment amount(s). If assistance is needed with calculating co-payment amount(s), please call VytlOne at (866) 408-2459.

Payment Options: ❑ Check/Money Order ❑ Credit Card

Paying By Credit Card? ❑ Visa ❑ MasterCard ❑ Discover ❑ American Express

Credit Card Number:

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date:

☐☐ ☐☐☐☐ MM/YYYY

X_____
Signature of Cardholder

❑ Check here to decline keeping credit card information on file at the pharmacy.

❑ Credit card already on file.

Use reverse side for prescription refills.

MC7243

(5) ORDER REFILLS

Brand-Name Only Medication Exceptions:				
Rx Number	**Name of Medication**	**Strength**	**Doctor's Name**	**Co-payment**
Order Refill Prescriptions Here:				
Rx Number	**Name of Medication**	**Strength**	**Doctor's Name**	**Co-payment**

Expedited Shipping via UPS or FedEx: ❑ **$25.00 for overnight shipping** ❑ **$15.00 for 2-day shipping**
❑ **$35.00 for Saturday Delivery (if available in your area)**

Note: Expedited shipping will **not** rush prescription processing. Prices subject to change.

(6) HOW TO ORDER

HOW TO ORDER REFILLS:

BY MAIL: Complete the payment and refill sections, and mail to VytlOne Pharmacy.

BY PHONE: Call us toll free at (866) 408-2459 and use our automated system to enter the Rx number printed on your prescription label, or speak to a member advocate during normal business hours.

BY INTERNET: You may refill your prescriptions by visiting www.VytlOneMembers.com. Log in or create a Member Portal account, then select the PHARMACY REFILLS tile. You will need your prescription number(s) and credit card information available.

HOW TO ORDER NEW PRESCRIPTIONS:

BY MAIL: Complete the payment and patient information sections, enclose your new prescriptions, and mail to VytlOne Pharmacy.

BY PHONE: Have your doctor call in new prescriptions to (866) 408-2459

BY FAX or ELECTRONIC PRESCRIBING: Your doctor can fax or escribe new prescriptions to (866) 589-7656. In accordance with Texas law, only your doctor can fax new prescriptions.

(7) IMPORTANT INFORMATION

1 The submission of this form, for you or any of your dependents, authorizes the release of all information to the Plan Sponsor, Administrator, or Underwriter, and authorizes the prescription to be filled with the generic equivalent when available and permissible by law, in accordance with your benefit plan requirements. If you request a brand name drug when your doctor permits substitution, you may be responsible for paying the entire drug cost or a higher co-payment. Refer to your plan benefit information for more details or contact a member advocate at (866) 408-2459.

Reminder: You will always be charged the home delivery co-pay when you send or transfer a prescription to VytlOne Pharmacy. To maximize your savings, ask your doctor for a 90 day supply with refills up to one year.

Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer your questions. Please call your pharmacy.

Complaints against the practice of pharmacy may be filed with the:

Texas State Board of Pharmacy
1801 Congress Avenue
Suite 13.100
Austin, Texas 78701-1319 • (512) 305-8000
To receive a complaint form call
(800) 821-3205 or (512) 305-8080 if in Austin.
(recorded information only)
www.tsbp.state.tx.us

Se la presentado a usted la informacion por escrito sobre esta receta. Favor de leer esta informacion antes do tomar el medicamento. Si usted tiene preguntas tocante a esta receta, estara un farmaceutico disponible durante las horas de negocio para contestar sus preguntas. Por favor llame a su pharmacia.

Quejas contra la practica de la farmacia pueden ser reportadas al:

Concilio de Farmacia Del Estado De Tejas
1801 Congress Avenue
Suite 13.100
Austin, Texas 78701-1319 • (512) 305-8000
Para recibir una forma de queja llame:
(800) 821-3205 or (512) 305-8080 if in Austin.
(informacion grabada solamente)
www.tsbp.state.tx.us