



## **MAXOR MAIL ORDER PHARMACY FREQUENTLY ASKED QUESTIONS**

### ***How do I order prescriptions?***

For new prescriptions please fill out the MAIL ORDER FORM and mail it to the pharmacy, along with your prescription and payment. If we do not have a credit card on file, please include a check or money order. Our mailing address is: Maxor Pharmacies, P.O. Box 32050, Amarillo, Texas 79120-2050. The most convenient method of ordering your refill prescriptions is through the automated phone system by calling toll-free (800) 687-8629 or through the Internet at [www.maxor.com](http://www.maxor.com).

### ***How long does it take to receive my prescriptions?***

Please allow 14 days from when you send your request to receive your medications.

### ***Do I need to send in a new prescription each time I refill my medication?***

If your prescriptions have refills available, you only need to have your prescription number. The most common reasons that require Maxor Mail Order to have a new prescription include having no refills remaining, dosage increases, or new medications that your doctor prescribes.

### ***Can I fax new prescriptions?***

Only your doctor can fax new prescriptions.

### ***How do I refill my prescriptions online?***

You may refill your prescriptions on our website at [www.maxor.com](http://www.maxor.com) by navigating to the REFILLS section and selecting REFILL YOUR PRESCRIPTIONS. Please have your prescription number and credit card available.

### ***How do I refill my prescriptions using the automated telephone system?***

Members can call (800) 687-8629 and follow the menu instructions to automatically refill your medications. If your prescription is too soon to fill, the automated system will give you the next available refill date. Please call back to order at that time. You will need your prescription numbers available as well as updated credit card information.

### ***What is my prescription number?***

It is a number, beginning with an 11, found at the top left corner of your prescription bottle. It remains the same until your refills run out. When you get a new prescription from your doctor for the same drug, it is assigned a new prescription (Rx) number.

### ***What happens if I mail in my refill and it is too soon to fill?***

We will mail your prescription on the earliest available refill date if the medication is available for refill within 30 days. Every insurance plan differs in their rules regarding the number of days between each refill. We do not send refills automatically. Most plans require that members use 75% of your most recent refill before you can order again. The earliest refill date is printed at the lower left of your prescription bottle.

### ***How do I pay for my prescriptions?***

With new or refill prescriptions received by mail, you can send a check or money order along with your MAIL ORDER FORM. You may also pay by credit card, which we can store for future orders. Orders will not be processed without payment.

***Can I transfer my prescription from my local pharmacy?***

Yes, in most cases. Members should contact our customer service department at (800) 687-8629 and speak with a representative to transfer prescriptions to Maxor Mail Order Pharmacy.

***What are the benefits of using Maxor Mail Order?***

It is a convenient way to have your prescriptions delivered to your home and, in most cases, at a significant cost savings. Please refer to your prescription card or your plan document for specific co-pay savings. Ask your physician to write two prescriptions, the first one written for a 30-day supply to be filled immediately at your local pharmacy and the second written for a 90-day supply to send to Maxor Mail Order.

You will always be charged the mail order co-pay when you send or transfer a prescription to the mail order pharmacy. To maximize your savings, ask your doctor for a 90 day supply with refills up to one year. Note: A 30-day prescription with 2 refills is not the same as a 90-day prescription. The mail order pharmacy is required to fill each prescription as it is written.

***How will my prescription order be mailed?***

Your medications are generally delivered via first-class mail by the US Postal Service. We also offer expedited shipping through UPS for an additional fee. UPS requires a physical address and will not deliver to PO boxes. Refrigerated medications, such as insulin, are shipped overnight via UPS at no additional cost to you. Please note that refrigerated medications are shipped overnight Monday – Thursday only.

***What happens if my prescription requires a prior authorization?***

If your prescription claim rejects at Maxor Mail Order due to a prior authorization, we will obtain the necessary information to process the request. It is sometimes necessary to contact your physician for additional information. Typically this process takes 24-48 hours, depending on how quickly the required information is obtained from your physician. You may call the MaxorPlus customer service at (800) 687-0707 if you have any questions regarding the status of a prior authorization request.

***What happens when my prescription is out of refills?***

When your prescription has no refills remaining and you request a refill from Maxor Mail Order, we will contact the prescribing doctor for a new prescription. It is recommended that you call back in within three business days to confirm a response from your doctor. Physicians can fax, mail, or call in prescriptions for patients. If you have changed physicians since your last prescription fill, you will need to contact your physician to request a new prescription.

***Can Maxor ship controlled substance medications?***

With a valid prescription, Maxor can ship Schedule 3, 4, and 5 controlled substance medications anywhere in the United States. However, due to Texas state regulations, Maxor can only ship Schedule 2 controlled substances if the prescription is written by a Texas physician on an Official Texas Narcotic prescription pad. Examples of Schedule 2 medications include, but are not limited to: Ritalin, Adderall, Duragesic, Focalin, and Oxycodone. If you need assistance identifying the classification of your medication, please contact our customer service department at (800) 687-8629.

Monday-Friday – 7:00 am to 9:00 pm CST • Saturday – 8:00 am to 6:00 pm CST • Sunday – 9:00 am to 5:00 pm CST

### 1 PATIENT INFORMATION

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder ID: \_\_\_\_\_

Group ID: \_\_\_\_\_

Phone:    -    -

D.O.B.:   -   -

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

Sex:  Male  Female

For address changes, please call  
Maxor Mail Order at (800) 687-8629.

Relationship to Cardholder:

Self  Spouse  Child

### 2 DRUG ALLERGIES & CHRONIC ILLNESSES

Drug Allergies:  None  Codeine  Sulfa  Aspirin  Penicillin  Other \_\_\_\_\_

Severity of Drug Allergies:  Mild  Moderate  Severe  Intolerance  Anaphylaxis

Chronic Illnesses:  Thyroid  High Blood Pressure  Diabetes  Glaucoma  
(Disease States)  Heart Condition  Intestinal Disorders  Lung Condition  Other \_\_\_\_\_

### 3 GENERIC MEDICATION INFORMATION

In accordance with Texas Pharmacy Law and availability Maxor Pharmacy will always dispense a generic medication with a lower co-payment unless you specify otherwise. Please contact a customer care associate at (800) 687-8629 to advise us of medications that you want dispensed brand-name only or use the space provided on the reverse side of this form to notify us of brand-name only medication exceptions.

*†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 MaxorPlus at (800) 687-0707.

Payment Options:  Check/Money Order  Credit Card

#### Paying By Credit Card?

Visa  MasterCard  Discover  American Express

Credit Card Number:

Expiration Date:

MM/YYYY

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

Credit card already on file.

X  
\_\_\_\_\_  
Signature of Cardholder

Expedited Shipping via UPS or FedEx:  \$25.00 for overnight shipping  \$15.00 for 2-day shipping

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

**Use reverse side for prescription refills.**

## 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

Questions? Call Maxor Pharmacy toll-free at (800) 687-8629,  
Monday-Friday - 7:00 am to 9:00 pm CST • Saturday - 8:00 am to 6:00 pm CST • Sunday - 9:00 am to 5:00 pm CST

## 6 HOW TO ORDER

### HOW TO ORDER REFILLS

**BY MAIL:** Complete the payment and refill sections, and mail to Maxor Mail Order.

**BY PHONE:** Call toll free (800) 687-8629 or (806) 324-5500 and use our automated system to enter the Rx number printed on your prescription label, or speak to a customer service representative during normal business hours.

**BY INTERNET:** You may refill your prescriptions on our website at [www.maxor.com](http://www.maxor.com). Please choose the REFILL PRESCRIPTIONS section under FILLING YOUR PRESCRIPTIONS. You will need your prescription numbers 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 Maxor Mail Order.

**BY PHONE:** Have your doctor call in new prescriptions to (800) 687-8629 or (806) 324-5500.

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

## 7 IMPORTANT INFORMATION

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 difference in cost between the brand name drug and the generic equivalent plus a co-payment. Refer to your plan benefit information for more details or contact a customer care associate at (800) 687-8629.

**Reminder:** You will always be charged the mail order co-pay when you send or transfer a prescription to Maxor Mail Order. 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  
William P. Hobby Building, Suite 3-600  
333 Guadalupe, Box 21  
Austin, Texas 78701-3942 • (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](http://www.tsbp.state.tx.us)

Se la presentado a usted la informacion por escrito sobre esta receta. Favor de leer esta informacion antes de 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 farmacia.

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

Concilio de Farmacia Del Estado De Tejas  
William P. Hobby Building, Suite 3-600  
333 Guadalupe, Box 21  
Austin, Texas 78701-3942 • (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](http://www.tsbp.state.tx.us)

This form is used to order refills or new prescriptions. Please mail this form 14 days in advance before your medication runs out and enclose the appropriate co-payment amount.