

2021 Humana Health and Wellness Product Order Form



981



MEMBER INFORMATION

Member ID (found on Humana ID card)

Date of Birth

Gender

 Male
 Female

First Name

Last Name

MI

Street Number

Street Name

Apt/Suite #

Urbanization Code (for Puerto Rico addresses only)

City

State

Zip Code

Daytime Phone

Evening Phone

Please check box if this is a new address:

During which month would you like to receive this order?

If a month is not selected, your order will be processed the month your request is received.

PAYMENT INFORMATION (if applicable)

If your total order is less than your plan's allowance, you DO NOT need to include payment and you will receive the items you ordered. If your order exceeds your plan's allowance, please include your check, money order, or enter your credit card information below to pay the remaining amount due. **Failure to submit payment in full will lead to items being cancelled to bring your order total at or below your benefit allowance. Please be sure to provide your payment information each time you order over your allowance amount.** Any unused balance does not roll over.

Please make checks payable to "Humana Pharmacy". Please do not send cash.

To pay by credit card, please complete the following:

Credit/Debit Card #

Exp. Date

Cardholder First Name

Cardholder Last Name

Cardholder Signature:

Orders will be shipped to your home by UPS or the US Postal Service at no extra charge to you. Please allow 10 to 14 business days for processing from the time Humana Pharmacy receives your order. **Orders may be split into multiple shipments.** You'll receive a generic comparable to the name-brand product. This product list is subject to change - the most up to date product list is available on **HumanaPharmacy.com**. If a product is unavailable or not in stock, it may be substituted for a similar product at no additional charge. The brand name product may also be sent. **Humana Pharmacy reserves the right to limit the quantities of OTC medications and supplies dispensed.** Please check with your healthcare provider before taking OTC medicines. Some items may vary depending on manufacturer (for example: caplets, tablets, capsules or soft gels may be substituted for one another). Returns or refunds are not accepted for items that were properly dispensed.

Member ID (found on Humana ID card)

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Date of Birth

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981A



First name

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Last name

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MI

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PRODUCT SELECTION

*Write in the quantity of the product you would like to receive, not the package size listed in catalog.

| Product Code | Product Name | Quantity* | Price |
|-----------------------|--------------------------|-----------|-------|
| <i>Example:</i> 0 1 6 | Aspirin Low Dose 81mg EC | 1 | \$6 |
| 1 OTC □□□ | _____ | □ | _____ |
| 2 OTC □□□ | _____ | □ | _____ |
| 3 OTC □□□ | _____ | □ | _____ |
| 4 OTC □□□ | _____ | □ | _____ |
| 5 OTC □□□ | _____ | □ | _____ |
| 6 OTC □□□ | _____ | □ | _____ |
| 7 OTC □□□ | _____ | □ | _____ |
| 8 OTC □□□ | _____ | □ | _____ |
| 9 OTC □□□ | _____ | □ | _____ |
| 10 OTC □□□ | _____ | □ | _____ |
| 11 OTC □□□ | _____ | □ | _____ |
| 12 OTC □□□ | _____ | □ | _____ |
| 13 OTC □□□ | _____ | □ | _____ |
| 14 OTC □□□ | _____ | □ | _____ |
| 15 OTC □□□ | _____ | □ | _____ |

To order by mail, send the completed Humana Health and Wellness Product Order Form page along with payment (if applicable) to:
Humana Pharmacy
P.O. Box 1197
Cincinnati, OH 45201-1197

Your total order amount \$ _____
Humana allowance \$ _____
Total remaining amount due \$ _____

Balances higher than the allowance amount will have sales tax applied