











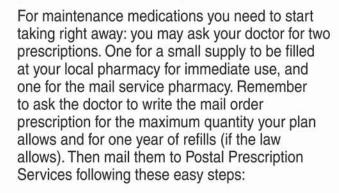




THE KROGER CO. FAMILY OF STORES

How to Order New Prescriptions

If you take the same medication for months at a time. You'll often find that getting your prescription through the mail will be easier and less expensive than getting them from your local pharmacy. However, prescription mail order services should not be used for medications you need immediately (sooner than two weeks.)



- 1. On the front of each new prescription, print clearly.
- · The member's name and relationship to the primary covered person (e.g., self, spouse, child).
- The member's ID number from the primary covered person's plan.
- 2. Be sure the prescribing doctor's name is clearly indicated.
- 3. Complete the order form including payment information.

- 4. Provide a street address for delivery. Some medications, such as narcotics and drugs requiring refrigeration are restricted from delivery to a post office box.
- 5. Send your prescriptions, completed order form, and a co-pay in the envelope provided. A new order form and envelope will be returned with each Postal Prescription Service delivery.

How to Order Refills

If your doctor has prescribed a refill, then Postal Prescription Service will send you a refill slip with your medication order. When you need the refill. just detach the refill slip and mail it back with your completed order form and co-pay.

If you cannot locate your refill slip, list the prescription numbers and the names of the medication on the order form. The prescription number is located in the upper left-hand corner of the label on your medication container.

Refills may also be ordered by phone by calling the toll-free number listed in this brochure. Please remember to have your credit card information and the prescription numbers you would like to order ready. You can also order refills through our website at www.ppsrx.com.

Refills too soon?

Refer to the reorder date on your refill slip. For your safety, refill orders placed too early cannot be filled and may be returned.

Generic Drugs

Generic medications will be substituted for brand-name medications when available and allowed by the prescribing physician. PPS utilizes only those generic medications rated highest by the FDA.

Service & Safety

Postal Prescription Services' registered Pharmacists review each prescription for accuracy before dispensing, and perform checks to assure all prescriptions are dispensed correctly. We maintain computerized patient profiles to prevent adverse reactions with other prescriptions you are receiving from Postal Prescription Services. Should any questions arise regarding potential adverse reactions. our pharmacist will contact your doctor or you, before dispensing the medication.

Delivery Time

Please allow two weeks for delivery from the date you mail your order. Your order will be delivered to the address you requested by United Parcel Services or first class US mail. In case of emergency, prescriptions can be shipped overnight for an additional charge to you. Postal Prescription Service is open for business Monday through Friday 6:00 a.m. to 6:00 p.m. and Saturday 9:00 a.m. to 2:00 p.m., Pacific Time.





To Order Prescriptions By Mail. **Use the Convenient** Order Form Enclosed.

To Order by Phone:

1-800-552-6694

In Portland, Oregon: (503) 797-2100

Visit Our Website: www.ppsrx.com





Doctor/Prescriber name and Phone No.

Qty. Prescription No.

Co-pay Amount Enclosed \$

Questions?

call: 1-800-552-6694 in Portland, Oregon: (503) 797-2100



Middle Initial

Health Care Plan Information

Health Care Plan	
Employer Name (if applicable)	
Insured's I.D. Number	
Insured's Name	

If possible, please enclose a copy of your insurance card when placing your initial order or when changing insurance.

Patient Information	✓ Drug Allergies / Health Condition	
Primary Last Name First Name M.I.	□ NONE □ CODEINE □ PENICILLIN □ SULFA □ ASPIRIN □ OTHER	SI
/	☐ ASTHMA ☐ DIABETES ☐ HIGH BLOOD PRESSURE ☐ HEART DISEASE ☐ HYPERLIPIDEMIA ☐ OTHER	Last Name
Doctor/Prescriber name and Phone No.	a omen	
Spouse Last Name First Name M.I.	□ NONE □ CODEINE □ PENICILLIN □ SULFA □ ASPIRIN □ OTHER	City
/ / Male	☐ ASTHMA ☐ DIABETES ☐ HIGH BLOOD PRESSURE ☐ HEART DISEASE ☐ HYPERLIPIDEMIA ☐ OTHER	Home Pho
Doctor/Prescriber name and Phone No.		Day Bhan
Dependent	□ NONE □ CODEINE □ PENICILLIN □ SULFA □ ASPIRIN □ OTHER	- Day Phone
Last Name First Name M.I.	To write these or absorber 17 TO WAS EMPORENCE (
/ Male V Female	☐ ASTHMA ☐ DIABETES ☐ HIGH BLOOD PRESSURE	We app

Ship To This Address

First Name

Street Address					
City	State		Zip (Code	
Home Phone	()			
Day Phone	()			

Thank You. We appreciate your business!

Doctor's Name & Phone Price or Co-Pay

Total: \$

Order prescription refills or transfers	here by
enclosing refill slips or filling out this	section

V	For new prescriptions, enclose the prescription
	n the envelope provided and check here.

13.5				

□ OTHER

Strength

Non-Safety Cap Request Information:

Federal law requires that your prescription shall be dispensed in a container with a child resistant or safety cap unless you request otherwise. If you would like your prescription with an "easy-open" lid please sign below. I do not want safety caps:

Met	hod	of P	aym	ent:

Pharmacy Name

☐ Check ☐ Money Order		□ Discover	☐ Am. Express	3
	1.1.			- 1

Pharmacy Phone

Credit Card Number Exp. Date Make check or money order payable to:



Patient's Signature Here

Date

Name of Medication

Cardholder's Signature