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	Mail this form to:
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Prescription Plan Sponsor or Company Name	
Instructions:	Lin heth sides of this form
Please use blue or black ink, capital letters, and fil New Prescriptions - Mail your new prescriptions with	
Refills - Order by Web, phone, or write in Rx number(TO RECEIVE YOUR ORDER SOONER request refill call the toll-free number on your member ID card.	s) below. Number of Refin prescriptions:
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We may package all of these prescriptions together unless you tell us not to.



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