

Please use **blue or black ink, capital letters**, and fill in **both sides** of this form.

New Prescriptions - Mail your new prescriptions with this form. Number of **New** prescriptions:

Refills - Order by Web, phone, or write in Rx number(s) below. Number of **Refill** prescriptions:

For Fastest Service, order refills at www.aetnanavigator.com or call toll-free **1-888-RX AETNA (1-888-792-3862)**, or TDD (for hearing impaired) at **1-800-823-6373**. Your doctor may fax your prescription(s) to **1-877-270-3317**. Only a doctor may fax a prescription.

Last Name												First Name								MI		Suffix (JR, SR)			
<input type="text"/>												<input type="text"/>								<input type="text"/>		<input type="text"/>			
Street Address																		Apt./Suite #				<input type="radio"/> Use this address for this order only.			
<input type="text"/>																		<input type="text"/>							
City																		State				ZIP Code			
<input type="text"/>																		<input type="text"/>				<input type="text"/>			
Daytime Phone #:												Evening Phone #:													
<input type="text"/>												<input type="text"/>				<input type="text"/>									

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____

All claims for prescriptions sent to Aetna Rx Home Delivery using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.

Please Note: By submitting this form you verify that the information is correct, that the prescriptions enclosed are for use by eligible participants and authorize the release of all information to the Plan Sponsor, administrator, or underwriter. All communications regarding this account will be directed to the member (employee/retiree). If a spouse or other eligible dependent wishes to direct their communications to an alternate address or telephone number, they may make this request by completing the Confidential Communications Request form provided in the Privacy Notice, or as available on our website.



Tell us about the people getting prescriptions. If there are more than two people, please complete another form.

