

Frequently Asked Questions

What is the difference between traditional mail order and the online ordering service?

Traditional mail order requires you to order all your prescriptions via mail or phone. You must complete the included patient profile form and submit it to Costco Mail Order Pharmacy. Traditional mail order also accepts personal checks and Electric Funds Transfer as forms of payment.

Online ordering service requires you to order all your new prescriptions online at costco.com. You should discard the included patient profile form, and create an online account. Please remember that each individual receiving meds must have their own unique e-mail address in order to create an online account. All communication between you and the pharmacy will be done via e-mail.

How do I get more patient profile brochures if I choose to use the traditional mail order service?

You may photocopy the included form or you may contact Costco Mail Order Pharmacy at 1-800-607-6861 or Envision RxOptions, Inc. at 1-800-361-4542.

When do I need to place my order? It is our goal to have your order in your hands 14 days after we receive it at our facility for processing. Please allow a few extra days when placing an order for the first time. Please remember to calculate the amount of time it may take for your prescription(s) request to leave your household and to reach our facility. Once we receive your order it will leave our facility within one to four days. We offer free standard shipping. Expedited shipping options are available for an additional fee. If you do not receive your order in 14 days, please contact Costco Mail Order Pharmacy at the toll free number provided.

How can I ensure my order will not be delayed? Please ensure you are providing us with a valid shipping address and valid payment information. Please ensure your name, address, and phone number are written legibly on all submitted

documents including the original prescription(s). Per Washington state law a prescription must either be typed or printed. Your physician must provide complete directions for use. We cannot dispense an order without valid instructions; "use as directed" will not be accepted. An out of state mid-level practitioner (i.e., ARNP, PA-C) must have all prescription(s) co-signed by an MD or DO. Please ensure your prescription is written for the maximum days supplied allowed by your plan (usually 90 days) and contains additional refills.

How do I pay for my order? We require payment with every prescription order. The shipment of your prescription order may be delayed if we do not receive payment in full at the time of order, if you have an unpaid balance with our pharmacy, or if your forms are not filled out completely. For your convenience and to make quick and secure payments we accept American Express, Visa, MasterCard, Discover and Costco Credit Card. If you utilize our traditional mail order service you may also make a payment by mailing a personal check with your order or supplying a voided check for Electronic Funds Transfer. Please refer to your benefits plan for copay information. Typically, orders paid with a credit card are processed up to two days faster.

How will I know the cost of my prescription order? It is your responsibility to know the copay(s) for your prescription order. Please refer to the copay table included in your new member pharmacy benefits overview provided by Envision RxOptions, Inc. For additional information please contact your benefits provider.

Where is my order being shipped from?

The Costco Mail Order Pharmacy is located in Everett, WA. We will ship anywhere in the United States. Please be aware that shipping times may vary depending on where you are located in the country.

When I receive my order what will be included in the package? Each package will include your prescription medication, prescription label, and a

drug monograph. All prescription bottles will be sealed with child safety caps to prevent them from opening during shipment. If you select easy-open caps, they will be included in the package for you to switch once your package has safely arrived.

Costco Mail Order Pharmacy Contact Information

Costco Mail Order Pharmacy

**802 134th St. S.W. Building C, Suite 140
Everett, WA 98204**

Costco Mail Order Pharmacy Customer Service

**1-800-607-6861 phone
1-800-633-0334 fax**

Monday through Friday 5 a.m. to 7 p.m. (PST)
Saturday 9:30 a.m. to 2 p.m. (PST)



Mail Order
For cardholders of Envision
RxOptions, Inc. Prescription Benefits

Costco Mail Order Pharmacy Ordering Instructions

The Costco Mail Order Pharmacy is an extension of your current prescription drug benefit. Mail order service allows you to take advantage of the convenience of having your maintenance medications delivered to your home or workplace.

Costco Mail Order Pharmacy offers two great ordering services, the traditional mail order service and the online ordering service.



1. Traditional Mail Order

Costco Mail Order Pharmacy offers you a traditional mail order service. To use this service you will submit all new orders and refills by mail or phone. Please read the following details on how to

utilize our traditional mail order service. If you would like to place your orders online using a computer please skip the following section and follow the instructions under the Online Ordering Service portion of this document.

How do I begin using the Traditional Costco Mail Order Pharmacy Service?

Complete the included Traditional Mail Order Service Patient Profile Form and submit it to the Pharmacy.

How do I order a new prescription using the Traditional Mail Order Service?

If you need to start your medication immediately or do not have enough to last you at least two weeks, request two prescriptions from your prescriber: one for an initial short-term supply of your maintenance medication that your local retail pharmacy can fill immediately, and a second for a 90-day supply, including refills that can be submitted to Costco Mail Order Pharmacy.

- Include your new 90-day supply prescription with your completed Mail Order Patient Profile form and mail it to the pharmacy using the provided postage-paid envelope. If you do not have a written prescription please obtain one from your prescriber.
- Costco Mail Order Pharmacy does not hold prescriptions. Please send only prescriptions to be ordered immediately. Once an order has been processed, it cannot be stopped. We cannot accept returns.

How do I order a refill using the Traditional Mail Order Service?

- Mail: Each prescription order you receive will contain a Refill Order Form. Complete the form and return it to the Pharmacy.
- or
- Phone: Call 1-800-607-6861. Our 24-hour automated telephone system guides you through the refill-ordering process. Be sure to have your prescription number available.

What form of payment may I use for Traditional Mail Order Service?

For your convenience and to make quick and secure payments we accept American Express, Visa, MasterCard, Discover and Costco Credit Card. We also accept personal checks and Electronic Funds Transfer with a voided check. You must refer to your benefits plan for copay information. Typically, orders paid with a credit card are processed up to two days faster.



2. Online Ordering

Costco Mail Order Pharmacy also provides an online ordering service. If you choose to utilize online ordering, it is helpful that you are familiar with basic online purchasing processes and that you have frequent access to your e-mail account. A

majority of communication between you and Costco Mail Order Pharmacy will be through e-mails. When using this service, all orders for new prescriptions must be initiated online at costco.com. If you would prefer not to use our online ordering service please refer back to the Traditional Mail Order section of this document.

How do I begin using the Online Ordering Service?

- Visit costco.com. Select the "Pharmacy" link at the top of the page. Then select the "Patient Information" icon in the middle of the page. You will be asked to enter your e-mail address. Please note: Each patient (self, spouse, dependent(s), pet(s), etc.) independent of if they are covered by the plan, must have his or her own unique e-mail address to create an online account. First, you will be required to submit information to set-up an account with costco.com and will need to provide payment and shipping information. Once complete, you will be directed to set-up an account with the pharmacy. The pharmacy account will require you to provide information regarding drug allergies, medical conditions, brand/generic preferences, etc.

How do I order a new prescription using the Online Ordering Service?

If you need to start your medication immediately or

do not have enough to last you at least two weeks, request two prescriptions from your prescriber: one for an initial short-term supply of your maintenance medication that your local retail pharmacy can fill immediately, and a second for a 90-day supply, including refills that can be submitted to Costco Mail Order Pharmacy.

- Visit costco.com. Select the "Pharmacy" link at the top of the page. Then select the "Fill Prescription" icon in the middle of the page. Select the "Order New Prescription" link. You will be required to choose a checkout method. Once this selection is made you will be asked to place a request for your order. The site will require you to enter physician and drug information and select a shipping method. Once complete, you will confirm your request. The pharmacy will begin processing your order once this request and the original prescription is received at our facility.
- Costco Mail Order Pharmacy does not hold prescriptions. Please send only prescriptions to be ordered immediately. Once an order has been processed, it cannot be stopped. We cannot accept returns.

How do I order a refill using the Online Ordering Service?

- Phone: Call 1-800-607-6861. Our 24-hour automated telephone system guides you through the refill-ordering process. Be sure to have your prescription number available.
- or
- Online: Visit costco.com. Select the "Pharmacy" link at the top of the page. Then select the "Fill Prescription" icon in the middle of the page. Select the "Reorder Online Prescription" link.

What form of payment may I use for the Online Ordering Service?

For your convenience and to make quick and secure payments we accept American Express, Visa, MasterCard, Discover, and Costco Credit Card.



Traditional Mail Order Service Patient Profile Form and Payment Authorization Form

Thank you for choosing to use the Traditional Mail Order Service offered by Costco Mail Order Pharmacy. Please complete, sign, and return this form only if this is your first time using our mail order pharmacy. If you need additional copies of this form please feel free to make a photocopy or contact

Costco Mail Order Pharmacy at 1-800-607-6861 or EnvisionRxOptions at 1-800-361-4542. Our goal is to have your prescription order returned to you within 14 days. To avoid a delay in your order please ensure you complete the entire form, front and back, provide payment information, and include a prescription(s) from your physician for the maximum days of supply allowed (90-day supply for most maintenance medications).

SHIPPING INFORMATION

 Please tell us where we should ship your order(s).

LAST NAME	FIRST NAME	MI
SHIPPING ADDRESS (INCLUDE APT. NO. IF APPLICABLE)		CITY STATE ZIP
PHONE NUMBER (INCLUDING AREA CODE)	COSTCO MEMBERSHIP NO. (optional)	
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DO YOU WISH TO RECEIVE E-MAIL REFILL AND RENEWAL REMINDERS? E-MAIL ADDRESS (optional)

By checking this box I authorize Costco Pharmacy to include some or all of the following information: drug names, dates, quantity, dosage and available refills.

PHYSICAL ADDRESS

 Only complete this section if your shipping address is a P.O. Box.

PHYSICAL ADDRESS (INCLUDE APT. NO. IF APPLICABLE)	CITY	STATE	ZIP
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INSURANCE INFORMATION

 EnvisionRxOptions BIN – 009893 PCN – roirx

MEMBER ID NO.	GROUP NO.
POLICY HOLDER NAME	POLICY HOLDER DATE OF BIRTH (MM/DD/YYYY)

HEALTH PROFILE

 Please fill in the appropriate box(es) below for each member of the family that is covered. If additional space is needed, please attach a separate sheet with additional information.

	CARDHOLDER	SPOUSE	DEPENDENT	DEPENDENT	DEPENDENT
LAST NAME					
FIRST NAME					
MIDDLE INITIAL					
DATE OF BIRTH (MM/DD/YYYY)					
SEX	M <input type="checkbox"/> F <input type="checkbox"/>				

Drug Allergies

 please check the appropriate box(es) where a drug allergy is known.

	CARDHOLDER	SPOUSE	DEPENDENT	DEPENDENT	DEPENDENT
No known allergies	<input type="checkbox"/>				
Erythromycin	<input type="checkbox"/>				
Penicillin	<input type="checkbox"/>				
Codeine	<input type="checkbox"/>				
Aspirin	<input type="checkbox"/>				
Sulfa	<input type="checkbox"/>				
Other	_____	_____	_____	_____	_____

Disease States

 please check the appropriate box(es) for known medical conditions.

	CARDHOLDER	SPOUSE	DEPENDENT	DEPENDENT	DEPENDENT
No known diseases	<input type="checkbox"/>				
Diabetes	<input type="checkbox"/>				
Thyroid	<input type="checkbox"/>				
High blood pressure	<input type="checkbox"/>				
Asthma	<input type="checkbox"/>				
Glaucoma	<input type="checkbox"/>				
Epilepsy	<input type="checkbox"/>				
Other	_____	_____	_____	_____	_____

Your prescription will be filled with a generic equivalent if one is available.

Check this box if you do not want a generic equivalent. NO GENERICS CHILDPROOF CAPS: YES NO

Note: By checking this box I understand that, depending on my plan benefits, I may be responsible for the brand co-payment, which may be higher, and any plan penalties that may apply.

PAYMENT OPTIONS – Please select a payment choice below and provide the requested information:

Billing information: Check here if same as shipping address

BILLING ADDRESS (INCLUDE APT. NO. IF APPLICABLE)

CITY

STATE

ZIP

Credit Card – You authorize Costco Mail Order Pharmacy to charge your credit card to pay for each pharmacy order. Costco will charge your card the total amount of your purchase on or after the date your order ships. This authorization will remain in effect until terminated by you by contacting us at the telephone number or address listed below.

American Express® Costco Credit Card Visa MasterCard Discover

NAME AS IT APPEARS ON CARD

CARD NO.

EXP. DATE (MM/YY)

Voided Check – Enclose a blank check marked “void.” You authorize Costco Mail Order Pharmacy to initiate withdrawals using Electronic Fund Transfers (EFTS) on this check’s account to pay for each pharmacy order and you agree to keep sufficient funds in your account to cover all such orders. Costco Pharmacy will initiate an EFT in the total amount for your purchase on or after the date your order ships. This authorization will remain in effect until terminated by you by contacting us at the telephone number or address listed below.

Checking Savings (Indicate type of account on which check is drawn).

Written Check – If paying by check, you must make payment **in full** and each payment must be received at the time you place your order. When you provide a check as payment, you authorize us to either submit your check for payment or use information from your check to make a one-time electronic funds transfer (EFT) from your account. When we use information from your check to make an EFT, funds may be withdrawn from your account as soon as the same day we receive your check and you will not receive your check back from your financial institution. Please refer to your prescription plan materials for copay information. **Orders paid by written check take an additional 1 – 2 days to verify funds and could delay processing times.**

Checking Savings (Indicate type of account on which check is drawn).

By signing below, you have made the choice marked above and represent your choice is subject to EFTS laws, regulations and processing and card association rules, and that orders will be fulfilled and shipped only upon receipt of this completed order form and valid payment and/or prescriptions.

SHIPPING OPTIONS Please select a shipping method below. Allow 1 – 4 days to process order.

Standard shipping – (Total process and delivery time: 6 – 14 days) **FREE (USPS)**

3-Day shipping – (Total process and delivery time: 3 – 6 days) **\$10.95 (UPS)***

2-Day shipping – (Total process and delivery time: 2 – 5 days) **\$13.95 (UPS)***

Calculated total process and delivery time starts once the order is first received at the pharmacy. Shipping prices may be subject to change by carrier without notification and may vary depending upon weight and zone. **UPS will not deliver on weekends and cannot ship to P.O. Boxes.*

Before you mail this form please check for the following:

- You have included your maintenance medication prescription(s) for a 90-day supply.
- You have provided valid payment and shipping information.
- Your name, phone number, and date of birth are included on all documents including your prescription(s).
- You have attached a separate sheet for additional dependent information or additional instructions.

ADDITIONAL INFORMATION:

Please send only prescriptions to be ordered immediately. We will not hold your prescriptions. Your order should arrive 14 days after we receive this form and your prescription(s) at our facility.

Mail required forms and prescription(s) to: Costco Mail Order Pharmacy, 802 134th St. S.W., Building C, Suite 140, Everett, WA 98204. If you have any questions or need assistance call Costco Mail Order Pharmacy at 1-800-607-6861.

AUTHORIZATION

By signing below you agree that the information on this form is correct, and authorize release of all information regarding your medical and prescription drug history and treatment to EnvisionRxOptions and Costco Mail Order Pharmacy. You understand that your prescription medicine order(s) will be fulfilled and shipped upon receipt of your complete order form, the original prescription(s) and applicable payment.

CARDHOLDER SIGNATURE

DATE