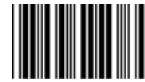


# 2023 Health and Wellness Product Order Form



913CW



## MEMBER INFORMATION

Rx ID (from your 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, 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 provide your payment each time you order over your allowance amount.**

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:

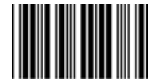
Orders will be shipped to your home by FedEx, UPS or the US Postal Service at no extra charge to you. Allow 10 to 14 business days for processing from the time the pharmacy receives your order. **Orders may be split into multiple shipments.** You'll receive a generic comparable to the name-brand product. This product list is subject to change. 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. **The pharmacy reserves the right to limit the quantities of OTC medications and supplies dispensed.** Check with your healthcare provider before using any of the OTC products offered. 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.

H5608\_BWOTCCATALOG23\_C



Rx ID (from your ID card)

Date of birth



913ACW



First name

Last name

MI

### 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: 016</i>	<i>Aspirin Low Dose 81mg EC</i>	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 product order form page along with payment (if needed) to:  
 P.O. Box 1197  
 Cincinnati, OH 45201-1197

Your total order amount \$ \_\_\_\_\_  
 Plan allowance \$ \_\_\_\_\_  
 Total remaining amount due \$ \_\_\_\_\_

Sales tax may apply to items based on state tax regulations

