



Mail Order

PRESCRIPTIONS FOR HOME DELIVERY



Mail Order

ONLINE

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 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 Mail Order 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.

- Send both your new 90-day supply prescription with your completed Mail Order Patient Profile form and mail it to Costco Mail Order Pharmacy. 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. Costco 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 Costco Mail Order 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 Cards. You must refer to your benefits plan for co-pay information.

2.

Online Ordering

Costco Mail Order Pharmacy also provides an online ordering service. If you choose to utilize online ordering, it is helpful if you are familiar with basic online purchasing processes and that you have frequent access to your email account. Most communication between you and Costco Mail Order Pharmacy will be through email. When using this service, all orders for new prescriptions must be initiated online at **pharmacy.costco.com**. If you would prefer not to use our online

ordering service please refer to the Traditional Mail Order section of this document.

How do I set up an account online?

Visit **pharmacy.costco.com**. Under "New Patients" click "Create an Account." Under "New Registration," you will be asked to enter your email address. Please note: Each patient (self, spouse, dependent(s), etc.), independent of whether or not they are covered by the plan, must have his or her own unique email address to create an online account. Enter all required information to set up your online patient account including 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 **pharmacy.costco.com**. Click the "New Prescriptions" link and follow the steps below:
 1. Log in.
 2. Provide prescription information, including physician name, drug name and shipping method.
 3. Confirm your order and mail the prescription to the address provided.
- Costco 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. Costco's 24-hour automated telephone system guides you through the refill ordering process. Be sure to have your prescription number available.
- or
- **Online:** Visit **pharmacy.costco.com**. Click the "Refill Prescriptions" link.

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

For your convenience and to make quick and secure payments, Costco accepts American Express, Visa, MasterCard, Discover and Costco Credit Cards.



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.

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

How do I get more patient profile brochures if I choose to use the Traditional Mail Order service? Contact Costco Mail Order Pharmacy at 1-800-607-6861.

When do I need to place my order? It is Costco's goal to have your order in your hands 14 days after Costco receives it at the processing facility. 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 reach the facility. Once Costco receives your order it will leave the facility within one to four days. Costco offers 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 Costco 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). Your physician must provide complete directions for use. Costco cannot dispense an order without valid instructions; "use as directed" will not be accepted. Per Washington state law, 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? Costco requires payment with every prescription order. The shipment of your prescription order may be delayed if: Costco does not receive payment in full at the time of order, if you have an unpaid balance with Costco Mail Order Pharmacy, or if your forms are not filled out completely. For your convenience and for quick and secure payments, Costco accepts American Express, Visa, MasterCard, Discover and Costco Credit Cards. Please refer to your benefits plan for co-pay information.

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

Where is my order being shipped from?

The Costco Mail Order Pharmacy is located in Everett, Wash. Costco 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. Suite 140
Everett, WA 98204-9935

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)

Visit us online at:
pharmacy.costco.com



Traditional Mail Order service PATIENT PROFILE 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. 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 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 NO

DO YOU WISH TO RECEIVE EMAIL REFILL AND RENEWAL REMINDERS?

INSURANCE INFORMATION

MEMBER ID NO.	RX BIN NO. (SEE YOUR PRESCRIPTION ID CARD)	GROUP NO.
POLICYHOLDER 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)					
EMAIL ADDRESS (OPTIONAL)*					
SEX	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erythromycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Codeine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sulfa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____	_____	_____	_____

Medical Conditions Please check the appropriate box(es) for known medical conditions.

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

FORM CONTINUED ON REVERSE

*Each family member will need to provide a unique email address.

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 EASY-OPEN 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.
Charge dates and amounts will vary with each order.

American Express®

Costco Credit Card

Visa

MasterCard

Discover

NAME AS IT APPEARS ON CARD

CARD NO.

EXP. DATE (MM/YY)

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

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

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

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

*UPS will not deliver on weekends and cannot ship to P.O. Boxes.

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.

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, address, 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. SW, Suite 140, Everett, WA 98204-9935.

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 Costco Mail Order Pharmacy. I understand that my prescription order(s) will be fulfilled and shipped upon receipt of my complete order form, the original prescription(s) and applicable payment.

CARDHOLDER SIGNATURE

DATE