

2020 CarePlus Over-the-Counter (OTC) Products Mail-Order Form



976



STEP 1 - Complete your information below

Member ID (from your CarePlus ID card)

 -

Date of Birth

 / /

Gender

 Male
 Female

First Name

Last Name

Address

Apt/Suite #

City

State

ZIP Code

 -

Phone

Please check box if this is a new address:

STEP 2 - Product selection

During which month would you like to receive this order?

Please note: Orders can only be placed for the current or further month. Prescriber Rx is not able to backdate an order for a previous month.

Product Code	Product Name	Quantity to order [‡]	Price
<i>Example:</i> 2 2 9	Aspirin 325mg Enteric Coated	1	\$6
1 OTC <input type="text"/>		<input type="text"/>	\$
2 OTC <input type="text"/>		<input type="text"/>	\$
3 OTC <input type="text"/>		<input type="text"/>	\$
4 OTC <input type="text"/>		<input type="text"/>	\$
5 OTC <input type="text"/>		<input type="text"/>	\$
6 OTC <input type="text"/>		<input type="text"/>	\$
7 OTC <input type="text"/>		<input type="text"/>	\$
8 OTC <input type="text"/>		<input type="text"/>	\$

[‡]Write in the quantity of the product you would like to receive, not the package size listed in the catalog.

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Product Code	Product Name	Quantity to order [#]	Price
<i>Example:</i> 2 2 9	Aspirin 325mg Enteric Coated	1	\$6
9 OTC <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/>	\$ _____
10 OTC <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/>	\$ _____
11 OTC <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/>	\$ _____
12 OTC <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/>	\$ _____
13 OTC <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/>	\$ _____
14 OTC <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/>	\$ _____
15 OTC <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/>	\$ _____
16 OTC <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/>	\$ _____
17 OTC <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/>	\$ _____
18 OTC <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/>	\$ _____
19 OTC <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/>	\$ _____
20 OTC <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/>	\$ _____
21 OTC <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/>	\$ _____
22 OTC <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/>	\$ _____

[#]Write in the quantity of the product you would like to receive, not the package size listed in the catalog.

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Your total order amount \$ _____
CarePlus allowance - \$ _____
Total remaining amount due \$ _____

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, please include your check, money order, or enter your credit card information below to pay the remaining amount due. Balances higher than the allowance amount may have sales tax applied. Failure to submit payment in full will lead to items being cancelled to bring your order total at or below your benefit allowance. Any unused allowance does not roll over to the next allowance period.

STEP 3 - Payment information (if applicable)

Please make checks payable to "PrescribelT Rx." 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

STEP 4 - To order by mail, send the completed CarePlus Over-the-Counter Products Mail-Order Form page along with payment (if applicable) to:

PrescribelT Rx
10749 Marks Way
Miramar, FL 33025

Call PrescribelT Rx at **1-800-526-1490**, Monday through Friday, from 8 a.m. to 6 p.m. (TTY: **711**) if you have questions about your order. PrescribelT Rx will ship your order to your home by UPS or the US Postal Service at no extra charge to you. Please allow 10 to 14 business days from the time PrescribelT Rx receives your order to the time of delivery. Orders may be split into multiple shipments. If you don't receive your order within the estimated timeframe, please call PrescribelT Rx. You'll receive a generic comparable to the name-brand product when applicable. If a product is unavailable or not in stock, it may be substituted for a similar product at no additional charge. This product list is subject to change. PrescribelT Rx reserves the right to limit the quantities of over-the-counter medications and supplies. Please consult with your doctor before using any over-the-counter (OTC) product.

