SecurityHealth Plan℠
Promises kept, plain and simple.®

1515 North Saint Joseph Avenue
PO Box 8000
Marshfield, WI 54449-8000

1.877.216.8533 | 715.221.9208
TTY: 711
Fax: 715.221.9719

Over-the-counter (OTC) Drug Order

STEP 1 – Complete your information (using blue or black ink)

Subscriber ID (found on your member ID card) ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____		Birthdate (mm/dd/yyyy) ___ ___ /___ ___ / ___ ___ ___ ___
Name (first and last)		
Mailing address		
City	State	ZIP code
Phone number (____ ____ ____) ____ ____ ____ – ____ ____ ____ ____	Email address	

STEP 2 – Product selection

If your order is received after a quarter deadline listed below, it will apply toward the next quarter. For example, if we receive your order on June 29, it will apply toward Quarter 3. One order is allowed per quarter:

Quarter 1: Jan. 1 - March 20 (order deadline March 20)
Quarter 2: April 1 - June 20 (order deadline June 20)
Quarter 3: July 1 - Sept. 20 (order deadline Sept 20)
Quarter 4: Oct. 1 - Dec. 20 (order deadline Dec 20)

Catalog Item Number	Product Name	Item Price	Quantity*	Item Total
____ ____ ____ ____ ____		$		$
____ ____ ____ ____ ____		$		$
____ ____ ____ ____ ____		$		$
____ ____ ____ ____ ____		$		$
____ ____ ____ ____ ____		$		$
____ ____ ____ ____ ____		$		$
____ ____ ____ ____ ____		$		$

**Write in the quantity of the product you would like to receive, not the package size listed in catalog. If an item is on back order, the pharmacy will substitute with a similar available item.*

Your total order amount	$
Security Health Plan credit	– $30
Shipping, handling, taxes	Included
Total remaining amount due	$

If your total order is less than your plan's credit, you DO NOT need to include payment and you will receive the items you ordered. If your order exceeds your plan's $30 credit, please include your check, money order, or enter your credit card information on page 2 to pay the remaining amount due.

Please continue to page 2

STEP 3 – Payment information (if applicable)

☐ Check – Please make checks payable to **MCHS-SHP OTC Program**. Do not send cash.	Credit card: ☐ MasterCard® ☐ Discover® ☐ VISA®
Cardholder name	Exp. date _____ /_____
Account number ____ ____ ____ ____ – ____ ____ ____ ____ – ____ ____ ____ ____ – ____ ____ ____ ____	CSV# ____ ____ ____
Billing address (if different from mailing address)	Billing ZIP code ____ ____ ____ ____ ____
Signature	Date _____ /_____ /_____

By signing above, I authorize MCHS-SHP OTC Program to charge this account for this OTC drug order supplied by Marshfield Clinic Pharmacy. *Failure to submit payment in full will result in items being cancelled to bring your total at or below your $30 quarterly credit. Any unused credit does not roll over to the next quarter.*

STEP 4 – Order submission options

Online: Log in to your ***My Security Health Plan*** account at **www.securityhealth.org** to place an order, or register for an account at **www.securityhealth.org/registration**

Mail: Send your completed order form along with payment (if applicable) to: **Security Health Plan OTC Program, PO Box 8000, Marshfield, WI 54449**

Fax: Complete your product order form and fax to **715-221-9719**

If you have any questions, please contact our Pharmacy Benefits Department at 1-877-216-8533 or 715-221-9208, Monday – Friday, 8 a.m. to 5 p.m. If you are hearing- or speech-impaired, please call TTY: 711.

Thank you for your order! Please allow 14 business days upon receipt of order to receive shipment.
Additional order forms are available at www.securityhealth.org/OTC.

OTC medicines are generally safe but can interact negatively with other medicines, both OTC and prescription. Consult with your health care provider or pharmacist prior to purchase. Always read label and packaging instructions to know how much you should take, when to take it, what side effects you may encounter, and what potential interactions you may have with other medicines. General precautions include: OTC products should only be used when needed and as directed; never exceed the recommended dosage; if pregnant or breastfeeding, ask a health professional before use; keep out of reach of children; if a health problem persists or worsens while taking an OTC medicine, consult your health care provider immediately.

Notice of Nondiscrimination/Limited English Proficiency Language Services

Security Health Plan of Wisconsin, Inc., is an HMO-POS, MSA and D-SNP plan with a Medicare contract and a contract with the Wisconsin Medicaid program. Enrollment in Security Health Plan depends on contract renewal. Security Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-998-0998 (TTY: 711). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-998-0998 (TTY: 711). LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-998-0998 (TTY: 711).