

# Your prescription Home Delivery Service



## Welcome to RightSource

Humana's prescription home delivery service is designed with your needs in mind:

- **Convenience** – No need to run to the pharmacy every time you need a prescription refilled – and you can receive a 90-day supply with each order.
- **Savings** – With generic alternatives and 90-day discounts, *RightSource* offers lots of opportunities to reduce your drug costs.
- **Guidance** – Speak directly with a pharmacist or technician when you need assistance. And *RightSource* will notify you when your order is received and shipped.
- **Service** – Humana representatives are happy to answer your questions or directly connect you with a *RightSource* team member.

To help you get acquainted with this service, we have outlined an easy, step-by-step process for using *RightSource*. If you have any questions about the ordering process, call *RightSource* at 1-800-379-0092 (TTY 1-877-833-4486), Monday through Friday 8:30 a.m. – 7 p.m., Saturday 9 a.m. – 1 p.m. EST.

Find *RightSource* on the Internet by going to [www.humana.com](http://www.humana.com).

## Step 1 – Ordering new prescription(s)

- Ask your doctor to write a new prescription for a 90-day supply of your medication(s). Be sure your prescription is covered by your prescription drug plan by going to *MyHumana* at [www.humana.com](http://www.humana.com). You'll need to register for *MyHumana* if you're a first-time visitor.

- Fill out the *RightSource* registration form and mail it with your prescription(s) and payment.\*
- Your doctor may fax your prescriptions(s) to *RightSource* at 1-800-379-7617 once we have received your registration information. The fax line is available 24 hours a day, seven days a week.
- If you have questions about generic drug availability, call a *RightSource* pharmacist at 1-800-379-0092 or check [www.humana.com](http://www.humana.com).

## Step 2 – Paying for prescription(s)

Use Visa, Mastercard, HumanaAccess™ Visa® Card, Discover, American Express, money order, or a personal check. Please do not send cash.\*

- Please refer to your benefit materials on *MyHumana* at [www.humana.com](http://www.humana.com) for mail-order copayment information

## Step 3 – Receiving your prescription(s)

Your prescription delivery will be shipped using first-class mail. Please allow two weeks for delivery from the date your order is submitted. You may track the status of your *RightSource* order by logging into *MyHumana* at [www.humana.com](http://www.humana.com) or call 1-800-379-0092.

## Step 4 – Refill from *RightSource*

There are three easy ways to refill your prescription(s):

- Go to *MyHumana* at [www.humana.com](http://www.humana.com)
- Call 1-800-379-0092, 24 hours a day, seven days a week
- Return the prescription reorder form enclosed with your last delivery from *RightSource*

Have this information ready when you're ready to order:

- Your Humana identification number found on your ID card
- Prescription number found on your prescription drug label
- A credit card number and expiration date

\* We will ship your prescription(s) when we receive payment.

**Right Source**<sup>SM</sup>

P.O. Box 29200

Phoenix, AZ 85038-9200



REGISTRATION & PRESCRIPTION ORDER FORM

MEMBER INFORMATION

Member ID Number: \_\_\_\_\_

found on Humana ID card

Name: \_\_\_\_\_

First

Last

E-mail Address: \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_

Evening Phone: ( ) \_\_\_\_\_

Dr. Name: \_\_\_\_\_

Dr. Phone: \_\_\_\_\_

ALLERGIES:

No Known  32 – Codeine  70 – Penicillin

87 – Sulfa  93 – Tetracycline

Other: \_\_\_\_\_

HEALTH CONDITIONS:

No Known  200 – Diabetes

300 – Hypertension  400 – Heart Disease

500 – Glaucoma  600 – Stomach Disorders

700 – Thyroid Disease  800 – Arthritis

Other: \_\_\_\_\_

DEPENDENT INFORMATION

Member ID Number: \_\_\_\_\_

found on Humana ID card

Name: \_\_\_\_\_

First

Last

E-mail Address: \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_

Evening Phone: ( ) \_\_\_\_\_

Dr. Name: \_\_\_\_\_

Dr. Phone: \_\_\_\_\_

ALLERGIES:

No Known  32 – Codeine  70 – Penicillin

87 – Sulfa  93 – Tetracycline

Other: \_\_\_\_\_

HEALTH CONDITIONS:

No Known  200 – Diabetes

300 – Hypertension  400 – Heart Disease

500 – Glaucoma  600 – Stomach Disorders

700 – Thyroid Disease  800 – Arthritis

Other: \_\_\_\_\_

Please copy registration form for additional dependents.

Mail form, payment, and prescriptions to:

RIGHTSOURCE

P.O. Box 29200

Phoenix, AZ 85038-9200

\*Please refer to your benefit materials at

www.humana.com for mail-order copayment information

VISA / MasterCard / HumanaAccess<sup>SM</sup> Card / Discover / American Express (Please circle the card being used)

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Please note: By submitting this form, you have authorized release of all information to RightSource (and other necessary parties) as required to process your prescriptions and their refills under your benefit plan.

Thank you for your order. Please allow two weeks from the postmark date on your order form.