

Expatriate/Foreign Resident Prescription Authorization Form

- Fax a copy of the completed form to Medco Client Services Team (CST).
- **If you plan to use Medco By Mail, mail service pharmacy, YOU MUST MAIL THE ORIGINAL PRESCRIPTION(S) to the Medco address found on Page 2 of this form after you have faxed this form to Medco.**
- Follow the instructions on Page 2 to complete this form.

MEDCO

CLIENT SERVICES TEAM

ATTENTION: EXXONMOBIL CONTACT

TELEPHONE NUMBER: 800-497-4641

FAX #: 1-877-743-1257

(Use appropriate access number for the country you are calling from)

- (1) CHECK ONE: Medco By Mail Retail Pharmacy
- (2) DATE: _____
- (3) PLEASE AUTHORIZE A _____ -- DAY SUPPLY (e.g. 365-DAY SUPPLY) OF MEDICATION FOR:
- (4) EMPLOYEE'S NAME: _____ (5) MEDCO ID #: _____
- (6) DATE OF BIRTH: _____

PHYSICIAN'S NAME/TELEPHONE #	NAME OF MEDICATION/DRUG STRENGTH/QUANTITY

- (8) DEPENDENT'S NAME: _____ RELATIONSHIP: _____
DATE OF BIRTH: _____

PHYSICIAN'S NAME/TELEPHONE #	NAME OF MEDICATION/DRUG STRENGTH/QUANTITY

<p>MEDCO BY MAIL MEDICATION:</p> <p>U.S. MAILING ADDRESS: (Allow at least 14 business days for delivery.)</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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(11) COMMENTS: _____

(12) DATE LEAVING U.S.A.: _____ (13) NUMBER OF AUTHORIZATION FORMS FAXED: _____

(14) REQUESTOR NAME: _____ PHONE NO. (____) _____

EMAIL ADDRESS: _____

(15) EMPLOYEE SIGNATURE: _____ DATE: _____

Instructions For Completing Prescription Authorization Form

- Fax a copy of the completed form to Medco Client Services Team (CST).
 - **If you plan to use the mail service pharmacy, YOU MUST MAIL THE ORIGINAL PRESCRIPTION(S) to Medco at the Medco By Mail address found below.**
 - (1) Indicate how you want your prescription to be filled -- Medco By Mail or retail pharmacy.
 - (2) Enter the date the completed form is faxed to Medco.
 - (3) **Indicate** the supply of medication required (e.g. 6-month/180-day supply). Maximum allowed is 12-month/365-day supply unless otherwise limited by plan guidelines or manufacturer directive--shelf life or stability of medication.
 - (a) The physician licensed to practice in the U.S. **must** write the prescription for the **exact** amount.
 - (b) The physician **must not** write 1-month supply with additional refills, if you want to purchase more than a 1-month supply.
 - (4) Employee's name must appear on each form submitted even if the prescription is for a dependent
 - (5) Employee's Medco ID Number or Social Security number must appear on each form submitted even if the prescription is for a dependent. Medco can process this form using the 12-digit ID number. It is not necessary to use a Social Security number on this or any of Medco's forms.
 - (6) If the employee is the patient, then the date of birth **must** be included.
 - (7) Provide all information to expedite the authorization of the prescription.
 - (a) Physician's name and telephone number -- required if questions arise.
 - (b) Name of medication and the strength of the dosage (e.g. 10mg) -- this should have the exact information as it appears on the prescription written by your physician. The accuracy of this information will help expedite your prescription order. **Your physician must use the same address on the prescription that you use for mail order shipment.**
 - (b) Quantity of each drug.
 - (8) Enter your dependent's name and relationship (e.g. spouse), if the prescription is for a dependent. If the dependent is the patient, then the dependent's date of birth **must** be included.
 - (9) Provide all information for dependent's prescription. (See #7)
 - (10) Complete **ONLY** if you will use Medco By Mail. **Allow at least 14 business days for delivery.**
 - (a) Provide U.S. address to which the medications should be mailed. (FDA Regulations do not permit the shipment of medication outside the U.S. Therefore, Medco is unable to mail medication outside the U.S.)
 - (b) **Remember**--A physician licensed to practice in the U.S. must write the prescription.
 - (c) Mail the prescription order with your payment in a completed mail service order envelope or a regular business envelope to the following address:
MEDCO BY MAIL
P.O. BOX 650322
DALLAS TX 75265-0322
- CALLS TO MEDCO (24 X 7) ORIGINATING:**
-- In the U.S.: 800-695-4116
-- Outside the U.S.: 800-497-4641
(Use appropriate access number for the country you are calling from)
- (11) Provide additional information in the blanks provided:
 - (a) Telephone number(s) and times you can be reached.
 - (b) List any questions you may have.
 - (c) If you use Medco By Mail, list when the **ORIGINAL PRESCRIPTION(S)** were mailed to Medco and what type of mail carrier you used (e.g., overnight or next day delivery).
 - (12) The date you will leave the U.S.
 - (13) Indicate the number of Prescription Authorizations Forms you are faxing.
 - (14) Provide the requestor's name, telephone number, and, if possible, Email address.
 - (15) **REMEMBER TO SIGN AND DATE THE FORM.** Your signature is required.

AFTER 24 HOURS, you may go to a network pharmacy and fill your prescription or use the mail order program to fill your prescription.

NOTE If any of the information on the initial form you submit to Medco changes, (e.g. doctor changes the strength of the medication), complete and fax another form indicating the change(s). Write at the top of the form "REVISED FORM."

EACH TIME a large quantity is needed (e.g. 6-month, 180-day supply, or 365-day supply); **YOU MUST complete a new Prescription Authorization Form and submit the form and the new prescriptions to Medco.** For any future use, make several copies of this form. This form is also available on ExxonMobil's Intranet Expatriate site.

