

# Important Information

The submission of the form, for you or any of your dependents, authorizes the release of all information to the Plan Sponsor, Administrator, or Underwriter, and authorizes the prescription to be filled with the generic equivalent when available and permissible by law, in accordance with DOD plan requirements. If you request a brand name drug when your doctor permits substitution, you will be responsible for the entire cost of the prescription. Refer to your USFHP information booklet for more details.

- **Please note:**

If your prescription refill label says "NO REFILL AUTHORIZED," please contact your doctor and request a new written prescription.

**Mail your order to the following location:**

**P.O. Box 32050  
Amarillo, Texas 79120**

**Call Us Toll Free At  
1-866-408-2459**

**Monday - Friday 8 a.m. to 6 p.m. CST**

Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer your questions. Please call your pharmacy.

***Complaints against the practice of pharmacy may be filed with the:***

Texas State Board of Pharmacy  
William P. Hobby Building, Suite 3-600  
333 Guadalupe, Box 21  
Austin, Texas 78701-3942 (512) 305-8000  
To receive a complaint form call  
800/821-3205 or 305-8080 if in Austin.  
(recorded information only)

Se a presentado a usted informacion por escrito sobre esta receta. Favor de leer la informacion antes de tomar el medicamento. Si usted tiene preguntas tocante a esta receta, un farmaceutico estara disponible durante las horas de negocio para contestar sus preguntas. Por favor llame a su farmacia.

***Quejas contra la practica de la farmacia pueden ser reportadas al:***

Concilio de Farmacia Del Estado De Tejas  
William P. Hobby Building, Suite 3-600  
333 Guadalupe, Box 21  
Austin, Texas 78701-3942 (512) 305-8000  
Para recibir una forma de queja llame:  
800/821-3205 o 305-8080 en Austin.  
(informacion grabada solamente)

## Patient Information Mail Order Form

**Welcome to the Mail Service Prescription Program Maxor Pharmacies is providing for USFHP members.**

- This program offers a convenient, cost effective way to order prescribed long-term medication for direct delivery to your home. We are pleased to extend this service to you and look forward to fulfilling your prescription needs in the future.
- For **NEW** prescriptions or first time orders, complete the Patient Information and Payment Method sections. Write the member identification number on the back of all original prescriptions and mail to Maxor Pharmacies Mail Service.
- To **REFILL** prescriptions through the mail, complete the Patient Information, Payment Method, and Order Refill sections and mail to Maxor Pharmacies Mail Service for processing.

**MAXOR**<sup>SM</sup>  
**PHARMACIES**