Medication Order Form

Birdi® Patient Care Center
1-866-909-5170 (TTY dial 711)
Patientcare@birdirx.com | www.medimpact.com

Member Information – Please use black or blue ink and CAPITAL LETTERS only			
First Name	Last Name	MI	Suffix
Health Plan Name	Member ID		Group Number
Date of Birth *(MM/DD/YYYY)*	Gender at Birth ☐ M ☐ F	Number of New Prescriptions	
Mobile Phone (Including area code)* ☐ ***Set as preferred phone***	Home Phone (Including area code)* ☐ ***Set as preferred phone***		
Shipping Address Line 1	Shipping Address Line 2		
City	State	Zip Code	
☐ ***Use the Shipping Address for this order only***	☐ ***Billing Address is the same as Shipping Address***		
Billing Address Line 1	Billing Address Line 2		
City	State	Zip Code	
Email Address (Email used for order status updates)			

Medication Order Form

Birdi® Patient Care Center
1-866-909-5170 (TTY dial 711)
Patientcare@birdirx.com | www.medimpact.com

How to Contact Me

I want to receive automated phone calls, text messages, or email to help me manage my medications.

My preferred method of getting notices is:

☐ Automated Phone Call* ☐ Text Message* ☐ Email**

*When you provide these numbers, we have your permission to contact you at these numbers about your **Birdi®** account. Your consent allows us to use text messaging, prerecorded voice messages and automated dialing technology for informational service calls, but not for telemarketing or sales calls. Message and data rates may apply. You may change these preferences or opt-out at any time by signing in to www.medimpact.com

By providing your email address you: (1) authorize us to send you communications by email about your **Birdi® account or medication that may contain protected health information, and (2) acknowledge and accept that email communications are not secure and there is a risk that they may be intercepted or viewed by unauthorized parties.

Health Information

Allergies

☐ None
☐ Amoxil/Ampicillin
☐ Aspirin
☐ Cephalosporins
☐ Codeine
☐ Erythromycin
☐ NSAIDs
☐ Peanuts
☐ Penicillin
☐ Quinolones
☐ Sulfa
☐ Tetracyclines
☐ Other: _____

Health Conditions

☐ None
☐ Arthritis
☐ Asthma
☐ Cancer
☐ Diabetes
☐ Glaucoma
☐ Heart Condition
☐ High Blood Pressure
☐ High Cholesterol
☐ Osteoporosis
☐ Pregnancy
☐ Thyroid Disease
☐ Other: _____

Medication Order Form

Birdi® Patient Care Center
1-866-909-5170 (TTY dial 711)
Patientcare@birdirx.com | www.medimpact.com

Medication List

Please list any prescription and over-the counter medicines you are currently taking.

_____

_____

_____

_____

Payment Information **Do not send cash**

For fastest service, pay by credit or debit card. We accept VISA®, Mastercard®, Discover®, or American Express®. If you need to pay by check or money order, please call **Birdi®** to speak with a representative.

Cardholder Last Name	Cardholder First Name	
☐ Charge my payment method on file (Returning Customers) ☐ Charge my NEW credit card: ☐ Visa® ☐ Mastercard® ☐ Discover® ☐ American Express®		☐ Ship Expedited Delivery ***(Add $25 to my prescription amount)***
Credit Card Number	Expiration Date	Security Code

Standard shipping is free. Your order can take up to 10 days for delivery from the date we receive your order. You may choose expedited delivery for an additional $25 by checking the box above. Expedited delivery orders can only be sent to a street address, not a PO Box. Orders are processed and shipped within 5 business days from receipt of prescription.

I authorize **Birdi®** to charge my credit card for any copayment, coinsurance, deductible, or any other amount owed on my prescriptions, including any applicable expedited delivery charges.

X _____ Cardholder's Signature	Date *(MM/DD/YYYY)*

☐ Check this box if you DO NOT want us to use this payment method for future orders or balance due. You can call **Birdi®** to update this information at any time, or you can update your payment preferences by signing in to your account at www.medimpact.com

Medication Order Form

Birdi® Patient Care Center
1-866-909-5170 (TTY dial 711)
Patientcare@birdirx.com | www.medimpact.com

Authorizations

☐ Check here to request Easy Open Caps. Federal law requires that your prescription shall be dispensed in a container with a child-resistant or safety cap unless you request otherwise. If you would like an Easy Open Cap, please check the box.

By returning this form to **Birdi®**, you verify that information is correct, that the prescriptions enclosed are for eligible participants, and you consent to the release and use of the patient's health information to the patient's health plan(s) and health care providers/agents for health benefit management. **Birdi®'s** use or disclosure of individually identifiable health information, whether furnished by you or obtained from other sources, such as medical providers, shall be in accordance with federal privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

X _____ Signature	Date *(MM/DD/YYYY)*

Mail this completed order form, with your prescription and payment information, to:

Birdi®, PO Box 8004, Novi, MI 48376-8004

Ask your doctor to send your prescription electronically to Birdi™ or to fax it to us at: 1-877-395-4836.
**Please note, we can only accept electronic prescriptions and faxes from your healthcare provider.