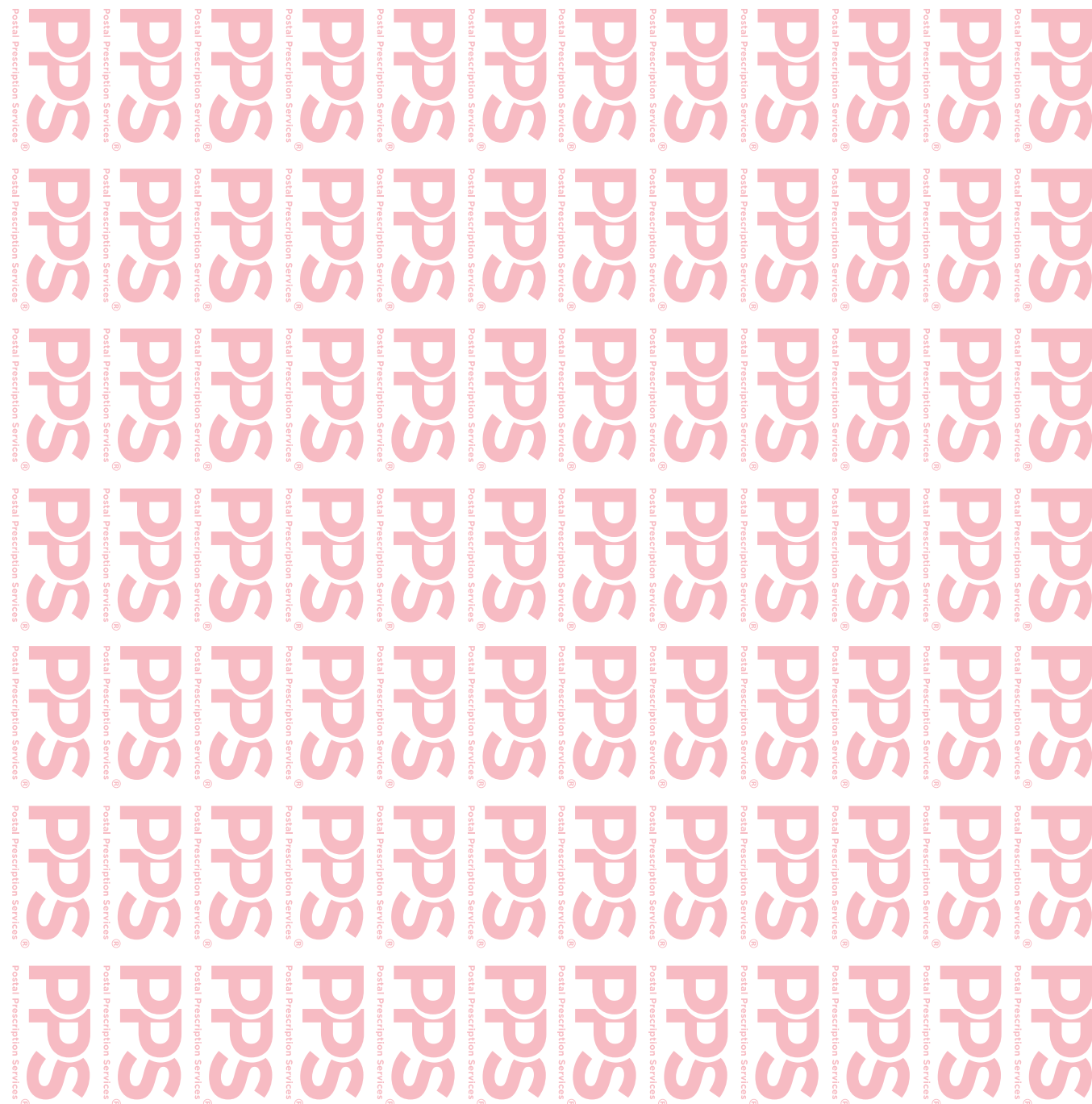


## Mail Order Quick Reference Guide

<p><b>Creating an Online PPS Account</b> First you will need to create your online account</p>	<ol style="list-style-type: none"> <li>1. Select “Register” from the upper right hand corner of the PPS website</li> <li>2. Enter your email address, create a password</li> <li>3. Select “Create Account”</li> </ol>
<p><b>Setting Up &amp; Accessing Patient Information</b> Once you have created your online PPS account, you must connect it to a patient profile for either yourself or someone you wish to manage</p>	<ol style="list-style-type: none"> <li>1. Once you have created your online PPS account, you will land on the “Add a Patient” page of the website             <ol style="list-style-type: none"> <li>a. <b>New Patients</b> - If you have not filled a prescription with PPS or The Kroger Family of Pharmacies, you will need to fill out a new patient request form by selecting “Request New Patient”                 <ol style="list-style-type: none"> <li>i. Follow the steps to set up your patient profile and request your first prescription fill(s)</li> <li>ii. Once you enter the medication(s) you need from your doctor or retail pharmacy, PPS will contact the doctor or retail pharmacy to get all the required information</li> <li>iii. Call PPS at (800) 552-6694 to provide your method of payment for your new prescriptions (PPS can’t ship your new prescriptions without this information)</li> </ol> </li> <li>b. <b>Existing Patients</b> - If you have filled a prescription with PPS or The Kroger Family of Pharmacies, you can access your prescription history and order refills by selecting “Add Online Prescription Management” (you will need a PPS or The Kroger Family of Pharmacies prescription number for this step)</li> </ol> </li> </ol>
<p><b>Ordering New or Transferred Prescriptions</b> Once you have added a patient to your online PPS account, it is easy to add new prescriptions or transfer prescriptions from another pharmacy</p>	<ol style="list-style-type: none"> <li>1. Select “Add a Prescription” from the left navigation menu and follow the on-screen steps for PPS to request a new prescription from your doctor or a transferred prescription from another pharmacy</li> <li>2. Your doctor can send a new prescription to PPS by electronic prescribing, fax, phone, or mail</li> <li>3. Or, if your doctor has given you a paper prescription, you should mail it to PPS at:             <p style="text-align: center;">PPS Prescription Services PO BOX 2718 PORTLAND, OR 97208-2718</p> </li> </ol> <p>* Generally, it takes about 3-5 business days for PPS to contact your prescriber or pharmacy to obtain your prescription(s). If you requested a fill of these prescriptions, they will be sent as soon as the prescriptions are received and filled.</p>
<p><b>Checking on Order Status</b> Once you have requested a prescription, you can track the delivery status using your PPS prescription number</p>	<ol style="list-style-type: none"> <li>1. Select “Prescription History” from the left navigation bar and look under “Recent Prescriptions” for a status or tracking number</li> </ol> <p>* Tracking numbers may appear up to 24 hours before tracking information is available on our carriers’ websites ** You can only check on an order status if you know your PPS prescription number (new members can call PPS to obtain their new prescription number(s), if you want to check your order status)</p>
<p><b>Opting into the Refill Reminder Program</b> Once you have a prescription setup, you can call PPS to opt-in for the refill reminder program</p>	<ol style="list-style-type: none"> <li>1. Call PPS at (800) 552-6694 and tell them that you would like to opt-in to the refill reminder program</li> <li>2. You will need to tell the representative if you prefer text or email notifications</li> <li>3. Once setup, you will receive a notification that includes the last 4 digits of the prescription(s) due to be refilled</li> <li>4. Call PPS at (800) 552-6694 or visit <a href="http://ppsrx.com">ppsrx.com</a> to refill the prescription(s)</li> </ol>

## Mail Order FAQs

<p><b>How do I reach PPS?</b></p>	<p>The PPS Customer Service Center can be reached at (800) 552-6694.</p>
<p><b>What are PPS' hours?</b></p>	<p>Customer Service hours are Monday-Friday, 6am-6pm PST, and Saturday, 9am-2pm PST.</p>
<p><b>Why should I create an online PPS account?</b></p>	<p>An online account makes managing your prescriptions much easier! You can order refills, review convenient expense reports, and view prescription histories for yourself and others.</p>
<p><b>What are my payment options?</b></p>	<p>PPS accepts MasterCard, Visa, Discover, American Express, personal checks, and money orders. If you are paying by check or money order, PPS must receive these forms of payment prior to shipping your order. You can add or update credit card information from your "Cart" when checking out. You may also contact PPS at (800) 552-6694 to update your billing information.</p>
<p><b>How do I add or update my credit card information?</b></p>	<p>You can either contact PPS at (800) 552-6694 to update your billing information or you can add/update credit card information while checking out. Once you have added refills to your cart and select "Checkout", there will be an option to "Add a New Credit Card" (under the "Billing Information" section). You must include your name in the designated field when adding the credit card or the card will not process correctly and you will receive an error message. You can only update your billing information from the cart if you are in the process of ordering a prescription. If you do not have a registered prescription number, you will have to call PPS to add credit card information.</p>
<p><b>When will my prescriptions be ready to ship?</b></p>	<p>If you have remaining refills, your prescription will be ready for shipping within 24-48 hours. New, transferred, and prescriptions out of refills will require extra time to process, as PPS will need to contact your doctor or transferring pharmacy in order to verify your prescription information.</p>
<p><b>What if I have an urgent need for my medication and can't wait for my prescription to be filled?</b></p>	<p>If you have an urgent need for your prescription refill for any reason, you can pay for expedited shipping. PPS may be able to transfer your prescription to a local pharmacy to be filled immediately, if you need it the same day. You can call PPS Customer Service at (800) 552-6694 and speak with a Customer Service Representative for additional help. Customer Service hours are Monday-Friday, 6am-6pm PST, and Saturday, 9am-2pm PST.</p>
<p><b>Can I set up Online Prescription Management if I don't have a prescription number?</b></p>	<p>You need a prescription number with PPS or The Kroger Family of Pharmacies to set up Online Prescription Management. Once you receive your first prescription from PPS, you can use the prescription number from the label to link the prescription to your profile, using the "Add Online Prescription Management" feature.</p>
<p><b>Does PPS offer refill reminders?</b></p>	<p>PPS does offer a refill reminder program. You can call PPS at (800) 552-6694 and tell the representative that you would like to opt-in for refill reminders. You will need to tell the representative if you prefer text or email notifications. Once setup, you will receive a notification that includes the last 4 digits of the prescription(s) due to be refilled and you will need to call PPS at (800) 552-6694 or visit <a href="https://ppsrx.com">ppsrx.com</a> to refill the prescription(s).</p>



Tear here, insert order form in envelope and seal.

**Health Care Plan Information**

Health Care Plan \_\_\_\_\_

Employer Name (if applicable) \_\_\_\_\_

Insured's I.D. Number \_\_\_\_\_

Insured's Name \_\_\_\_\_

**If possible, please enclose a copy of your insurance card when placing your initial order or when changing insurance.**

**Patient Information**

**Primary**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Doctor/Prescriber name and Phone No. \_\_\_\_\_

**Spouse**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Doctor/Prescriber name and Phone No. \_\_\_\_\_

**Dependent**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Doctor/Prescriber name and Phone No. \_\_\_\_\_

**✓ Drug Allergies / Health Condition**

NONE  CODEINE  PENICILLIN  SULFA  
 ASPIRIN  OTHER \_\_\_\_\_

ASTHMA  DIABETES  HIGH BLOOD PRESSURE  
 HEART DISEASE  HYPERLIPIDEMIA  
 OTHER \_\_\_\_\_

NONE  CODEINE  PENICILLIN  SULFA  
 ASPIRIN  OTHER \_\_\_\_\_

ASTHMA  DIABETES  HIGH BLOOD PRESSURE  
 HEART DISEASE  HYPERLIPIDEMIA  
 OTHER \_\_\_\_\_

NONE  CODEINE  PENICILLIN  SULFA  
 ASPIRIN  OTHER \_\_\_\_\_

ASTHMA  DIABETES  HIGH BLOOD PRESSURE  
 HEART DISEASE  HYPERLIPIDEMIA  
 OTHER \_\_\_\_\_

**Ship To This Address**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_

**Thank You.**  
**We appreciate your business!**

- Order *prescription refills* or transfers here by enclosing refill slips or filling out this section →
- ✓ For *new prescriptions*, enclose the prescription in the envelope provided and check here.

Qty.	Prescription No.	Name of Medication	Strength	Pharmacy Name	Pharmacy Phone	Doctor's Name & Phone	Price or Co-Pay

**Non-Safety Cap Request Information:**  
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 your prescription with an "easy-open" lid please sign below. **I do not want safety caps:**

\_\_\_\_\_ Patient's Signature Here \_\_\_\_\_ Date \_\_\_\_\_

**Method of Payment:**  
 Check  Money Order  Visa/MasterCard  Discover  Am. Express  **Make check or money order payable to:**  
\_\_\_\_\_ Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Total: \$** \_\_\_\_\_

\_\_\_\_\_ Cardholder's Signature \_\_\_\_\_







THE KROGER CO. FAMILY OF STORES

Postage  
Required  
Post Office will  
not deliver  
without proper  
postage.

### How to Order New Prescriptions

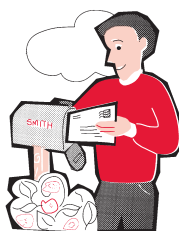
If you take the same medication for months at a time. You'll often find that getting your prescription through the mail will be easier and less expensive than getting them from your local pharmacy.



**However, prescription mail order services should not be used for medications you need immediately (sooner than two weeks.)**

For maintenance medications you need to start taking right away: you may ask your doctor for two prescriptions. One for a small supply to be filled at your local pharmacy for immediate use, and one for the mail service pharmacy. Remember to ask the doctor to write the mail order prescription for the maximum quantity your plan allows and for one year of refills (if the law allows). Then mail them to Postal Prescription Services following these easy steps:

1. On the front of each new prescription, *print clearly*:
  - The member's name and relationship to the primary covered person (e.g., self, spouse, child).
  - The member's ID number from the primary covered person's plan.
2. Be sure the prescribing doctor's name is clearly indicated.
3. Complete the order form including payment information.



4. Provide a street address for delivery. Some medications, such as narcotics and drugs requiring refrigeration are restricted from delivery to a post office box.
5. Send your prescriptions, completed order form, and a co-pay in the envelope provided. A new order form and envelope will be returned with each Postal Prescription Service delivery.



### How to Order Refills

If your doctor has prescribed a refill, then Postal Prescription Service will send you a refill slip with your medication order. When you need the refill, just detach the refill slip and mail it back with your completed order form and co-pay.

If you cannot locate your refill slip, list the prescription numbers and the names of the medication on the order form. The prescription number is located in the upper left-hand corner of the label on your medication container.

Refills may also be ordered by phone by calling the toll-free number listed in this brochure. Please remember to have your credit card information and the prescription numbers you would like to order ready. You can also order refills through our website at [www.ppsrx.com](http://www.ppsrx.com).

### Refills too soon?

Refer to the reorder date on your refill slip. For your safety, refill orders placed too early cannot be filled and may be returned.

### Generic Drugs

Generic medications will be substituted for brand-name medications when available and allowed by the prescribing physician. PPS utilizes only those generic medications rated highest by the FDA.



### Service & Safety

Postal Prescription Services' registered Pharmacists review each prescription for accuracy before dispensing, and perform checks to assure all prescriptions are dispensed correctly.

We maintain computerized patient profiles to prevent adverse reactions with other prescriptions you are receiving from Postal Prescription Services. Should any questions arise regarding potential adverse reactions, our pharmacist will contact your doctor or you, before dispensing the medication.

### Delivery Time

**Please allow two weeks for delivery from the date you mail your order.** Your order will be delivered to the address you requested by United Parcel Services or first class US mail. In case of emergency, prescriptions can be shipped overnight *for an additional charge to you*. Postal Prescription Service is open for business Monday through Friday 6:00 a.m. to 6:00 p.m. and Saturday 9:00 a.m. to 2:00 p.m., Pacific Time.



**To Order Prescriptions By Mail, Use the Convenient Order Form Enclosed.**

**To Order by Phone:**  
1-800-552-6694  
**In Portland, Oregon:**  
(503) 797-2100

**Visit Our Website:**  
[www.ppsrx.com](http://www.ppsrx.com)



FROM \_\_\_\_\_



PPS PRESCRIPTION SERVICES  
PO BOX 2718  
PORTLAND OR 97208-2718

