

Birdi™ Customer Service

1-855-873-8739 (TTY dial 711) or **customerservice@birdirx.com** www.medimpact.com/JPIA

Member Information – Please use black or blue ink and CAPITAL LETTERS only									
First Name			Last Name				MI	Suffix	
Member ID				Plan Name					
Date of Birth	Gender	Number	of New	Group Number					
	□M □F	Prescrip	otions						
Mobile Phone (Include area code)* ☐ Set as Preferred Phone					Phone (Include area code)	* □Seta	as Pref	erred Phone	
				, ,					
Shipping Address Line 1 Use this address for this order only				Billing Address Line 1 ☐ Check if same as Shipping Address					
				Billing Address Eine 1					
Shipping Address Line 2	Shinning Address Line 2 Billing Address Line 2								
Shipping Address Line 2									
City	State Zij	o Code		Sti		State	Zip C	Code	
				City					
Email Address (Email used for	order status up	dates)							
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/JPIA. ** By providing your email address you (1) consent to us sending 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									
	Aspirin	□E	rythromy	cin Penicillin			□Tetracyclines		
	Cephalosporins		□NSAIDs		Quinolones	□ Quinolones □		Other	
☐ Amoxil/Ampicillin ☐ (Codeine	□F	Peanuts	□Sulfa					
	Asthma		Blaucoma		☐ High Cholesterol		-	Disease	
	Cancer		Heart Con		Osteoporosis		Other		
	Diabetes		High Blood	Pressure	e □Pregnancy				
Medicine List Please list any prescription and over-the counter medicines you are currently taking.									
r lease list arry prescription at	id Over-tile Coun	itei medicii	nes you a	ire currer	itiy takirig.				
-									



Birdi™ Customer Service

1-855-873-8739 (TTY dial 711) or **customerservice@birdirx.com** www.medimpact.com/JPIA

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 to speak with a representative.									
Cardholder Last Name	Cardholder First Name								
☐ Charge my payment method on file (Returning Custome☐ Charge my NEW credit card: ☐ Visa® ☐ Mastercard®	Ship Expedited Delivery (Add \$25 to my prescription amount)								
Credit Card Number	Expiration Date S		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. Expedited delivery will reduce the shipping time 1–2 days. Processing time may take 3–5 business days from the time Birdi™ receives your 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	Date								
Cardholder's Signature									
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/JPIA.									
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		Da	te						
Signature									

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

Birdi[™], PO BOX 51580, Phoenix, AZ 85076-1580

Ask your doctor to send your prescription electronically to Birdi™ or to fax it to us at: 1-888-783-1773.

**Please note, we can only accept electronic prescriptions and faxes from your health care provider.

This letter may contain confidential individually identifiable health information protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other statutes.