



Enrollment/Medication Order Form

Birdi™ Patient Care Center

1-855-873-8739 (TTY dial 711) or

Patientcare@birdirx.com

www.medimpact.com

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 ☐ M ☐ F	Number of New Prescriptions	☐	Group Number	
Mobile Phone (Include area code)* ☐ Set as Preferred Phone			Home Phone (Include area code)* ☐ Set as Preferred Phone		
Shipping Address Line 1 ☐ Use this address for this order only			Billing Address Line 1 ☐ Check if same as Shipping Address		
Shipping Address Line 2			Billing Address Line 2		
City	State	Zip Code	City	State	Zip Code
Email Address (Email used for order status updates)					

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) 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

Allergies

☐ None

☐ Amoxicil/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 _____

Medicine List

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



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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 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

☐ 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.

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

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: 1-888-783-1773.

****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.

Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

Doctors HealthCare Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Doctors HealthCare Plans, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Doctors HealthCare Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact Member Services/Civil Rights.

If you believe that Doctors HealthCare Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

Doctors HealthCare Plans, Inc.

Attn: Member Services/Civil Rights

2020 Ponce De Leon Blvd, PH1

Coral Gables, FL 33134

Telephone: 833-342-7463 (TTY: 711)

Fax: 786-578-0293,

Email: civilrights@doctorshcp.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services/Civil Rights, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

MULTI-LANGUAGE INTERPRETER SERVICES

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 833-342-7463 (TTY:711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 833-342-7463 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 833-342-7463 (TTY:711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 833-342-7463 (TTY:711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 833-342-7463 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 833-342-7463 (TTY:711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 833-342-7463 (TTY:711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 833-342-7463 (TTY:711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 833-342-7463 (TTY:711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 833-342-7463 (TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 833-342-7463 (TTY:711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाकिया सेवाएँ उपब्धि हैं। एक दुभाकिया प्राप्त करने के लिए, बस हमें 833-342-7463 (TTY:711) पर फोन करें। कोई व्यक्ति कह नहीं देता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 833-342-7463 (TTY:711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 833-342-7463 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 833-342-7463 (TTY:711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 833-342-7463 (TTY:711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、833-342-7463 (TTY:711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。