





# How Do I Set Up New Prescriptions with Birdi, Inc.?

## Option #1: Your Doctor Sends Your Prescription

Your doctor sends your prescription directly to MedImpact Direct Mail. The prescription is sent electronically or by fax to 1-888-783-1773. Birdi can only accept electronic or faxed prescriptions from your doctor. They will automatically fill and ship most new prescriptions they get from your doctor except for controlled substances.

### Option #2: Sign into Website

Sign into their website at <a href="www.medimpact.com">www.medimpact.com</a> to request a new prescription or transfer from a retail pharmacy. Choose "Transfer/Request Prescriptions" at the top of "My Prescriptions -> Prescription List" page and follow instructions.

## Option #3: Mail Your Prescription

Fill out the attached order form or sign in to <a href="www.medimpact.com">www.medimpact.com</a>. Visit Documents -> Medication Order Form. Send the form with your prescription(s) to:

Birdi, Inc. PO Box 51580 Phoenix, AZ 85076-1580

#### **Questions?**

If you have questions, please call Birdi toll-free at 1-855-873-8739 (TTY dial 711).

Birdi customer service hours are:

Monday-Friday 8:00 am – 8:00 pm Eastern Time Saturday 9:00 am – 4:00 pm Eastern Time

Or email them at <a href="mailto:customerservice@birdirx.com">customerservice@birdirx.com</a>. Email messages are replied to within two business days. For security and privacy, please do not include personal health information.

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MDwise • 2955 N. Meridian Street, Suite 201 • Indianapolis, IN 46208 p: 317.822.7300 • f: 317.822.7310 • MDwise.org



# Birdi<sup>™</sup> Customer Service

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

Member Information – Please use black or blue ink and CAPITAL LETTERS only										
First Name Last N			Name MI Suffix							
Member ID			Plan Name							
Date of Birth	Gender	Number of New	Grou	ıp Number						
Date of Billi		Prescriptions	Giod	ip Number						
	M F									
Mobile Phone (Include a	rea code)* ☐ Set	Home Phone (Include area code)* ☐ Set as Preferred Phone								
Shipping Address Line 1	l □ Use this addre	Billing Address Line 1 ☐ Check if same as Shipping Address								
				_			J			
Chinning Address Line 2	Billing Address Line 2									
Shipping Address Line 2										
0:4	04-4-	7: 01-	0.1			\l -				
City	State	Zip Code	City		State	Zip C	ode			
For all Address of For all to										
Email Address (Email us	sed for order status	updates)								
How to Contact N	le									
I want to receive automa	ited phone calls, te	vt messages or email t	o help me manad	e my medications						
	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 numl messaging, prerecorded voice i										
and data rates may apply. You						ales calls	s. Message			
** By providing your email add										
protected health information, ar viewed by unauthorized partie	` '	nd accept that email commu	inications are not se	cure and there is a risk	tnat tney m	ay be in	tercepted or			
Health Informatio	n									
Allergies	☐ Aspirin	☐ Erythromy	cin 🗆 Penicillin		☐ Tetracyclines					
□ None	☐ Cephalosporir	·	☐ Quinolones		☐ Other					
☐ Amoxil/Ampicillin	. Codeine	☐ Peanuts	□ Sulfa							
Health Conditions	☐ Asthma	☐ Glaucom	□ High Cholesterol		☐ Thyroid Disease		I Disease			
□ None	☐ Cancer	☐ Heart Coi	· ·		☐ Other					
☐ Arthritis	☐ Diabetes	☐ High Bloo	•							
Medicine List		-		-						
Please list any prescript	ion and over-the c	ounter medicines vou a	are currently takir	na.						
,,,		,	,							



# Birdi<sup>™</sup> Customer Service

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

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® ☐	☐ 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. Expedited delivery will reduce the shipping time 1–2 days. Processing time may take 3–5 business days from the time <b>Birdi</b> ™ receives your prescription.									
I authorize <b>Birdi</b> <sup>™</sup> 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.									
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 <b>Birdi</b> <sup>™</sup> , 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. <b>Birdi</b> <sup>™</sup> '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	ite						
Signature									

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

**Birdi**<sup>™</sup>, 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.