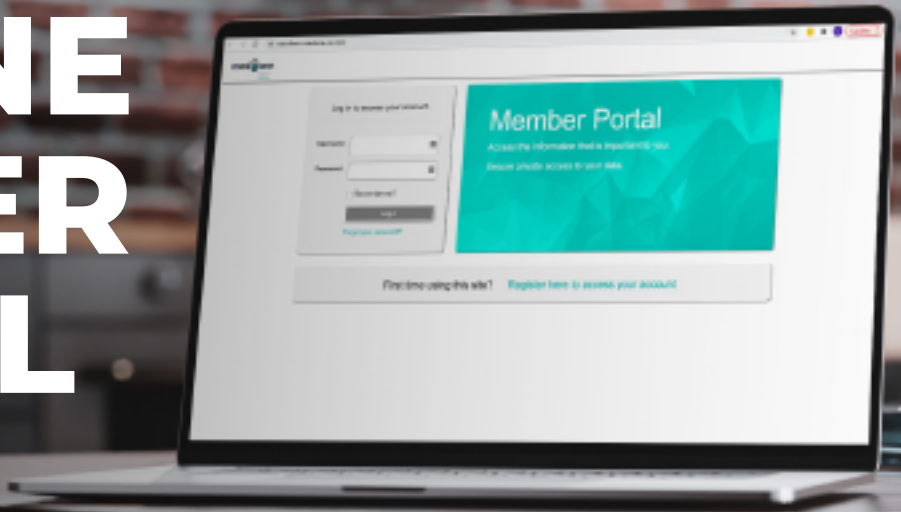


MEDONE MEMBER PORTAL



Convenient | Reliable | Easy

MedOne Member Portal

The MedOne Member Portal - found on our website at www.medone-rx.com - allows you to conveniently access everything you need concerning your pharmacy benefits.

How to Register for the Member Portal

1. Go to www.medone-rx.com.
2. Click Member Portal in the menu bar at the top of the page.
3. Click "Register here to access your account" at the bottom
4. Enter all required information. Find Group Number and Member ID on your pharmacy ID card.
5. Click "Register."
6. Open the confirmation email that was sent and click the link provided.
7. Enter your username and password to log in to your account.

Questions of any kind? Please reach out!

MedOne Pharmacy Services
Phone: 888.884.6331
Fax: 563-588-0173
www.medone-rx.com

View Rx History

Look Up In-Network
Pharmacies in the Area

Run Sample Pricing for
Potential Medications

Gather ID Card Processing
Information

Review Out of Pocket
Maximum

Access Drug Information
Directory

Enroll in the MedOne Mail
Order Program

ENROLL IN MAIL ORDER

MedOne Mail Order

By enrolling in the MedOne Mail Order program, members receive their prescriptions delivered right to their door, right on time.

How to Enroll in Mail Order

1. Go to www.medone-rx.com.
2. Click Mail Order in the menu bar at the top of the page.
3. Read the Terms and Conditions.
Check "I Agree" and click "Next."
4. Read the Notice of Privacy Practices.
Check "I Agree" and click "Next."
5. Enter all required patient information. Find Member ID, BIN Number, and Group Number on your pharmacy ID card.
6. Enter all required prescription information including each medication, the date it was last filled (if available), day supply, prescriber name and phone number.
7. Select a refill program: Automatic or Call-In Only.
8. Select a cap type: Child Proof (default) or Non-Child Proof.
9. Note all known allergies/reactions or medical conditions if applicable.
10. If desired, list individuals that MedOne is authorized to speak with regarding your medical information.
11. Electronically sign by typing your name to acknowledge all information is correct and confirm your request for prescription services.
12. Enter all required billing information using a debit or credit card.
Click "submit."

SAMPLE CLIENT
Prescription Benefit Plan

Member Name: SAMPLE
Member ID: MEMBER ID NUMBER
Bin: 610311
PCN: MD1
Group: ####
Person Code: ##

medone
medone-rx.com

Client Logo

Member/Pharmacy Help Desk: 888-884-6331

Questions?

Call us at 888-884-6331.

