EXPRESS SCRIPTS®
Medicare (PDP)

Express Scripts Health, Allergy & Medication Questionnaire (HMQ)

Your answers to the following questions will help protect you against potentially harmful drug interactions and side effects. We will alert your pharmacist about possible drug allergies and interactions that can be harmful. To best serve you, we need to know if you have any medication allergies or medical conditions. We also need to know what prescription and nonprescription medications you take regularly.

Your privacy is important to us. Express Scripts complies with federal privacy regulations and will protect this information. Complete and return this form following the steps below or go to Express-Scripts.com/healthform to submit it online:

Step 1: Verify and complete information in SECTION 1.
Step 2: Complete all sections below using blue or black ink. Please print.

FOLD HERE

SECTION 1: Patient information

Patient name: *(First name, Last name)*

Gender: Male ○ Female ○

Date of Birth: *Month* *Day* *Year*

Contact phone:

Member number:
(Located on your member ID card and/or in your benefit information.)

SECTION 2: Your medication allergies

Fill in the oval **completely if you have had an allergy or serious reaction to any of these medications:**

○	Aspirin and salicylates (for example: *ZORprin*®, *Trilisate*®)
○	Codeine (for example: *Tylenol*® #3)
○	Erythromycin, *Biaxin*®, *Zithromax*®
○	Nonsteroidal anti-inflammatory drugs (NSAIDS) (for example: ibuprofen, *Advil*®, *Motrin*®)
○	Penicillins/cephalosporins (for example: *Amoxil*®, amoxicillin, ampicillin, *Keflex*®, cephalexin)
○	Sulfa drugs (for example: *Septra*®, *Bactrim*®, TMP/SMX)
○	Tetracycline antibiotics

FOLD HERE

SECTION 3: Your nonprescription medications

Fill in the oval **completely for each nonprescription medication that you are currently taking on a regular basis.**

○	*Advil*®/ibuprofen	○	*Prilosec OTC*®/omeprazole
○	*Aleve*®/naproxen	○	*Sominex*®, *Nytol*®/diphenhydramine
○	*Bayer*®/aspirin	○	*Tagamet*®/cimetidine
○	*Benadryl*®/diphenhydramine	○	*Tylenol*®/acetaminophen
○	*Orudis KT*®/ketoprofen	○	*Zantac*®/ranitidine
○	*Pepcid AC*®/famotidine		

Patient name: | | | | | | | | | | | | | | | | | | Date of birth: Month Day Year

SECTION 4: Your medical conditions

Has your doctor ever told you that you have any of the conditions listed below? If so, fill the oval completely next to all that apply.

⬭	Allergies, hay fever (allergic rhinitis)	⬭	Heart failure (CHF)
⬭	Arthritis	⬭	Hemophilia and hemophilia-like conditions
⬭	Asthma	⬭	High blood pressure (hypertension)
⬭	Bladder control problem (urinary incontinence)	⬭	High blood sugar (diabetes)
⬭	Brittle bones (osteoporosis)	⬭	High cholesterol (hypercholesterolemia)
⬭	Chest pain (angina)	⬭	Inflammatory bowel disease
⬭	Crohn's disease	⬭	Migraine headache
⬭	Depression	⬭	Overactive thyroid (hyperthyroid)
⬭	Emphysema (COPD, chronic bronchitis)	⬭	Peptic, stomach, or duodenal ulcer
⬭	Enlarged prostate (benign prostatic hyperplasia, BPH)	⬭	Poor circulation in the legs (peripheral vascular disease)
⬭	Gastric reflux, heartburn, or esophagitis (GERD)	⬭	Seizures (epilepsy)
⬭	Glaucoma	⬭	Stroke (TIA)
⬭	Heart attack (myocardial infarction)	⬭	Underactive thyroid (hypothyroid)

Additional health information

If you have any other medication allergies, medical conditions, prescription medications not filled under your pharmacy benefit, or nonprescription medications not listed above, please call 877.438.4417, 24 hours a day, 7 days a week. TTY users should call 800.716.3231

End of Express Scripts Health, Allergy & Medication Questionnaire

Did you complete both sides?

Thank you very much.

Place your completed questionnaire in an envelope and send to Express Scripts.
Do not send prescriptions, refill slips, or correspondence with this questionnaire.

EXPRESS SCRIPTS
HMQ PROCESSING CENTER
PO BOX 66773
ST. LOUIS, MO 63166-6773

Notice of availability and nondiscrimination 800-971-1491 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.
Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.
呼吁提供免费的语言援助服务和适当的辅助设备及服务。
呼籲提供免費的語言援助服務和適當的輔助設備及服務。
Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.
무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.
Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.
Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.
Зверніться за безкоштовною мовною підтримкою та відповідними додатковими послугами.
សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាកម្ម និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។
無料言語支援サービスと適切な補助器具及びサービスをお求めください。
ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ መሳሪያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር
Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.
ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਚੀਜ਼ਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਾਲ ਕਰੋ।
Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.
ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.
Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.
Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.
Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.
Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.
Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.
اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.
برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. LifeWise Assurance Company (LifeWise) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. LifeWise does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. LifeWise provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator 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 Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

LifeWise Assurance Company