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How important is your time?

*Look inside to see how you can save both
time and money on your maintenance medications.*

KOHL'S

PO Box 509075
San Diego, CA 92150-9075

shop the savings!

Now you can **SAVE MORE**
on your maintenance medications!

KOHL'S

how important is your time?



Did you know that you can save both time and money on maintenance prescription medications for birth control, cholesterol, blood pressure, and more? These savings are available to you exclusively as a Kohl's member through our relationship with Prescription Solutions® Mail Service Pharmacy. Best of all, this special service requires no membership fee!

Additionally, there's no extra charge for shipping or handling. This special service is absolutely free to you as a valued Kohl's member! Your prescription(s) will be reviewed and filled by a licensed pharmacist and mailed directly to your home.

Prescription Solutions Mail Service Pharmacy is a state-of-the-art full-service pharmacy created with you in mind. Our objective is to save you both time and money without sacrificing your ability to speak directly to a licensed pharmacist. Their pharmacists fill your order under the highest quality assurance standards. Your medication will be mailed to your home to arrive about seven working days after your order is received.

Prescription Solutions provides you with a three-month supply of the medication(s) your doctor has prescribed, but you pay only two copayments, saving you one entire copayment with every medication you order. Saving a few extra dollars can really add up, especially if you take multiple maintenance prescription medications.

Don't wait. Call Prescription Solutions Customer Service Representatives at 1-800-562-6223 (TDHI/TTY 1-800-498-5428) and they will request your prescription(s) from your doctor. They will need your specific medication information, including drug name(s) and strength(s) along with your doctor's name and telephone number. It's that easy!

Alternatively, you can fill out the enclosed prescription order form and return it with your payment, prescription(s) and coupon. Please make sure that your prescription is written for a 90-day supply.

For more information on this exciting service, call Prescription Solutions Mail Service Pharmacy at 1-800-562-6223, or for the hearing impaired, TDHI 1-800-498-5428, Monday through Friday, 5 a.m. - 9 p.m., or Saturday and Sunday 7 a.m. - 7 p.m. Pacific Time or visit our Web site at www.rxsolutions.com.

Your friends at Kohl's

Compare the Savings For Yourself Check Out The Chart Below....

Current Copayment (Based on a 30-day supply*)	Annual Copayment Cost Per Prescription At Retail Pharmacy (Based on 12 one-month supplies)	Annual Copayment Cost Per Prescription with Prescription Solutions Mail Service (Based on four 90-day supplies*)	ANNUAL COPAYMENT SAVINGS PER PRESCRIPTION
\$40	\$480	\$400	\$80
\$25	\$300	\$248	\$52
\$7	\$84	\$72	\$12

*Annual cost per prescription with Mail Service is calculated based on \$18/\$62/\$100 copayments for a three-month supply.

What Will You Have To Say?

See what people like you had to say.

Prescription Solutions is a real time saver for me! I am able to save a trip to the local pharmacy without sacrificing my ability to speak with a licensed pharmacist, and I can order my medication refills over the Internet, through the mail, or by calling a toll free phone number.

- D.C., Los Angeles County, CA

I like the fact that Prescription Solutions has no membership fees while offering me significant savings on my prescriptions. One simple order from my home and I receive a full 90 day supply. Thank you Prescription Solutions!

- S.D., Orange County, CA

SAVE \$10

On Your First Prescription Order

KOHL'S

Rx Prescription Solutions

When you call Prescription Solutions Customer Service Representatives at 1-800-562-6223 (TDHI/TTY 1-800-498-5428) to have them request your prescription(s) from your doctor mention coupon # 107121 to receive your \$10 savings. Or simply enclose this coupon with your completed order form, prescription(s) and payment and return in the attached envelope provided. Offer valid through August 31, 2005. Coupon is redeemable at Prescription Solutions Mail Service Pharmacy and is not redeemable for cash. In the event your total order is less than the coupon amount, the excess amount will not be credited to your account. Coupon does not apply to injectable medications.

107121

Prescription Solutions® Mail Service Pharmacy

Prescription Order Form



Customer Information

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Last Name

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First Name

Member ID # (if applicable)

Mailing Address

City

State

Zip Code

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Day Time Phone Number

Night Time Phone Number

Email Address

of Prescriptions Enclosed

Total Amount Enclosed

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Date of Birth (MM-DD-YYYY)

Physician Name

()

Physician Phone Number

Confidential Patient Profile

This form only needs to be completed for first time orders or if any of the relevant information has changed since your first order. Please complete this form and return it with your original prescription(s). To allow us to monitor for potential drug interactions, please indicate any drug allergies below. Please fill out the grid below completely. **This form must be completed to process your first order.**

Allergies

☐ Ampicillin

☐ Cephalosporins

☐ Erythromycin

☐ Sulfa

☐ No known allergies

☐ Aspirin

☐ Codeine

☐ Penicillin

☐ Tetracyclines

☐ Other (specify) _____

Auto Refill Program (Birth Control Pills)

☐ **BIRTH CONTROL PILLS** - Check here to enroll in the automatic refill program for your birth control pills. To participate in this program, you must include your credit card number and expiration date in the space below. By enrolling in this program, your prescription medication(s) will be sent to your address on file. You should receive your prescription(s) when you have approximately a 7-day supply of medication(s) on-hand. You authorize us to charge your credit card for all applicable fees and charges. If you no longer wish to participate in the automatic refill program for your prescription(s), you must notify Prescription Solutions by calling 1-800-562-6223.

Payment Information

Please select method of payment below. **Do not send cash.** Enclose total payment for all prescriptions ordered.

☐ CHECK OR MONEY ORDER (Payable to Prescription Solutions)

For Credit Card orders (select one): ☐ Mastercard ☐ Visa ☐ Discover ☐ American Express

Credit Card Number

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Expiration Date

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I certify the information on this form is correct. I assume financial responsibility for these charges. Payment in excess of amounts due will be applied to my account. If method of payment is not indicated, I authorize Prescription Solutions to apply the charges to my credit card on file.

Cardholder Name

Cardholder Signature

Send via U.S. Mail to: Prescription Solutions, P.O. Box 509075, San Diego, CA 92150-9075

Be sure to include this order form and your original prescription(s). Please call 1-800-562-6223 with any questions.

Visit our Web site at www.rxsolutions.com

BUSINESS REPLY MAIL

FIRST-CLASS MAIL

PERMIT NO. 27952

SAN DIEGO, CA

POSTAGE WILL BE PAID BY ADDRESSEE

**PRESCRIPTION SOLUTIONS
PO BOX 509075
SAN DIEGO CA 92150-9704**



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

