



*Amendments and Endorsements
Modifications et mentions spéciales
Emendas y Añotaciones*

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www.aetna.com
This health plan is administered by Aetna Life Insurance Co. While coverage remains in force, members are entitled to benefits under the applicable plan, subject to exclusions and limitations. THE PLAN DESCRIBES WHAT REQUIRES PRECERTIFICATION. TO BEEN PCERT, CALL THE NUMBER ON THE FRONT OF THIS CARD. FAILURE TO OBTAIN PCERT MAY RESULT IN REDUCED COVERAGE.

Providers: This card does not guarantee coverage. For eligibility of benefit information, contact the office shown and give them the identifying information on this card. To speed processing of benefit requests, include the identifying information on this card when completing forms or communicating with the claims office.

Participating doctors and hospitals are independent providers and are neither agents nor employees of Aetna.

AETNA
PO BOX 661107
EL PASO TX 79908-1107

ATHE

RESTRICTIONS		CLASS	
A None	D1 Artificial Limb Required	D Operator	
B Corrective Lenses	D2 Auto Drive/Artificial Limb	M1 Motorcycle Only	
C1 No Special Attachments	E Automobile Transmission	M2 Motorized Bicycle Only	
C2 All Hand Controls	F1 LL Out & Inside Mirrors	M3 3-Wheel Motorcycle Only	
C3 Modified Damper Switch	F2 RR Out & Inside Mirrors	ENDORSEMENTS	
C4 Spin Keys/Power Steering	F3 Inside/Outside Mirrors	M Motorcycle	
C5 Modified Turn Signal	G Daylight Driving Only	R 3-Wheel Motorcycle	
C6 Modified Accelerator	H Employment Driving Only	S School Bus	
C7 Modified Brake	J1 Biopic/Telescopic Lens Required		
C8 Shortness Of Stature			
TWO PART LICENSE		LICENSE TYPE	
U Non-medical Restriction	V Medical Restriction Only	O-Original	R-Renewal
		F-Captain	G-Temporary Permit
		E-Probationary	

The card must be presented upon request. For transfers, www.aetna.com

IMPORTANT: Your use of this card is your agreement to be bound by the terms of the Cardholder Agreement delivered to you and the rules of the issuer.

Broadwing
1. Dial 1-866-30-MOUNT (66687), wait for the tone.
2. Dial your Broadwing PIN number, then 1 + the area code and number you are calling, or 011 + the area code + city (area) code and the number you are calling.
3. Dial your Broadwing PIN number, then 1 + the area code + city (area) code and the number you are calling.
Customer Call Center Service at 1-877-812-5029.

usbank
This card is property of the issuer. If found, please call 512-244-4326.

0055 000010207022 001

AUTHORIZED SIGNATURE - NOT VALID UNLESS SIGNED

H. Rindberg
So ID.

This card is the property of the issuing financial institution. Use or signing of this card signifies agreement to the current conditions set forth by the financial institution. Cardholder agrees to surrender the card to the financial institution upon demand.

IMPORTANT: Read the terms and conditions delivered to you, or with this card, which constitute a binding contract governing use of this card. This card is also subject to all other agreements as to its use. The card is the property of the credit union. All privileges may be withdrawn without notice. It may be canceled or repossessed any time and must be returned to the credit union upon demand.

INVOICE



Member ID	Client ID	Order Number	A/R ID	Amount Due
92178000	ANCHOR/A8N	9350525	0106751686	450.00

** 0106751686 9350525

CREDIT CARD: Refer to the BACK of this form for Credit Card payment information.

We Accept Discover® Network, Mastercard, Visa and American Express

CHECK/MONEY ORDER: Make check or money orders payable to Express Scripts.

Mail payment to:
Express Scripts P.O. Box 66580 St. Louis, MO 63166-6580

HELEN RINDSBERG

PAYMENT IS DUE UPON RECEIPT -- DO NOT SEND CASH

A SERVICE CHARGE OF 15.00 MAY BE ADDED FOR INSUFFICIENT FUNDS.

Use the upper portion of this form for mailing payments only. Do not include prescriptions.

Important Notice

To have a prescription filled, you MUST write the following information on the back of each prescription:

- Who the prescription is for (First and Last Name)
- Date of Birth (Example: 08/07/1977)
- Member ID Number
- Shipping Address

Missing any of the above information will DELAY your order and could cause the prescription to be returned to you unfilled.

Invoice Date	Member ID	Order Number	A/R ID
17/08	46792178000	9350525	0106751686

www.express-scripts.com
 Customer Service: 1-866-685-2792

PRESCRIPTION	PATIENT NAME	STRENGTH	FORM	QTY	TOTAL	PATIENT AMOUNT
981647780 CARVEDILOL	HELEN RINDSBERG	6.25MG	TAB	180	36.00	36.00
981647781 RHINOCORT AQUA SPRAY 8.6ML	HELEN RINDSBERG	32MCG	SPR	3	15.00	15.00

Previous Balance:		0.00
Charges For this Order:	51.00	51.00
Payment Received:		0.00
Total Amount Due:		51.00

You have the right to consult with one of our pharmacists about your medication(s). Telephone consultation with a registered pharmacist is available 24 hours a day. To speak to a pharmacist, please call the toll-free Customer Service number shown above. In the case of a medical emergency, call 911 immediately.