



Mail Order Enrollment Form

To quickly and easily enroll in our mail order service, simply complete this form and email it to newpatientservices@optum.com. For more information or to speak with a representative, please call 1-800-304-1764. Fields marked with an asterisk (*) are required.

Carrier/Payer Information

Carrier/Payer & Code _____
Address _____ City _____ State _____ Zip _____
Diagnosis Code 1 _____
Diagnosis Code 2 _____
Medications Authorized _____
Comments/Special Instructions _____

Adjuster Information

Adjuster Name* _____ Adjuster Email* _____
Adjuster Phone* _____ Adjuster Fax _____

Claim Information

State of Jurisdiction* _____
Claim Number* _____
Employer and Location _____

Referral Information

Referral Contact _____ Referral Email _____
Referral Phone _____ Referral Fax _____

Claimant Information

Claim Number* _____
Claimant Name* _____
Date of Birth* _____
Social Security Number _____ Height _____ Weight _____
Date of Injury* _____ Email Address _____
Street Address* _____ City* _____ State* _____ Zip* _____
Phone Number* _____

Doctor Information

Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip _____
Phone Number _____