



**OPTIMUM**  
HealthCare, Inc.

*Welcome to*

# OTC ONLINE

ordering made easy

OTC Mail Program - The Easy Way To Get Your Medications

It's as easy as 1, 2, 3...

1



**Log-in to  
order online**

2



**We process  
your order**

3



**You receive  
medications by mail**

*W*e at Optimum Healthcare value your membership and are always working towards providing superior services.

We are pleased to announce that you can now place your monthly OTC & Diabetic orders through our website.

From Member Portal you can now:

- **Place a new order**
- **Track status of your order(s)**
- **Review history of your order(s)**
- **Repeat previous order**

Placing and managing your orders online is quick and easy.  
Just follow the simple steps described inside to place your order.



# OTC ordering made easy

The Member Portal is the central destination for all information related to your health, benefits, providers, claims and medication. OTC is part of the Member Portal, hence you have to register on Member Portal.

**1** Go to and click on Member Portal Registration/Login

**Member Portal**

**Need Assistance?**  
Toll free: 1-866-245-5360 | TTY/TDD: 771  
8am to 8pm 7 days a week Oct. 1, 2014 to Feb 14, 2015  
8am to 8pm Mon. through Fri. from Feb. 15, 2015 to Sep. 30, 2015  
8am to 8pm 7 days a week Oct. 1, 2015 to Feb 14, 2016

**Sign in to Member Portal**

Email:

Password:

Forgot Password  
Click here for Privacy Policy

**First Time Users**  
Please create a user name and password.  
You will need your Member ID Number from your ID Card and Medicare last 4 characters from your Medicare Card.

**For Internet Explorer 11 users:** If you are unable to register or click on any of the above buttons, please add this site to your browser's compatibility view. To do this go to the 'Tools' menu of your browser, then select 'Compatibility View Settings', and then add this site by clicking on the 'Add' button.



**2** If you need help registering on Member Portal, please click on 'New User Sign up'. For detailed instructions, please click on Help Manual.

If you are a registered user on Member Portal, log into User ID and Password.

**3** Once you are logged into Member Portal, please click on 'Over The Counter/Diabetic Supplies' menu option.



**4** On the 'Order Placement - Member' Page, select the Product Name from the drop down option. Item Number, Medicine Group, Description and Drug type will be automatically displayed. Select Order quantity and click Submit button.

User: John Doe  
Friday, December 26, 2014

If you are having trouble placing an order please call 1-866-XXX-XXXX 8am to 8 pm, Monday thru Friday

Order Placement Delivery Order Status OTC Help

**Order Placement - Member**  
The Order Number DO-14-19955 is Pending for this Member ID#: XXXXXXXXXX

Member ID: PXXXXXXX PBP ID: XXXXXXXX Plan Name: VIP Care (HMO SNP)  
First Name: John Home Phone: 555-555-5555  
Last Name: Doe Cell Phone: Business Phone:  
Physician Certificate Exp Date: 08/15/2014  
Type of Meter/Meter Name: PCP Approved Testing Frequency: [X] Ship Expiry Date: 09/20/2013

Please select ItemNo or Product Name and Select required quantity.

Order Month: December 2014 Order Date: 12/26/2014  Select to Place Next Month Order **Review and Renew Previous Order**  
Plan Limit: \$18.00 Available Limit: \$8.00

Remove	Medicine Group	Item No	Product Name	Description	Order Quantity	UOM	Drug Type
<input type="button" value="X"/>			-Select-				

# The Easy Way To Get Your Medications

**Diabetic Profile**

Question	Response
YOUR CURRENT PRIMARY CARE PHYSICIAN NAME IS	John Doe Sr
WHO IS TREATING DIABETIC CURRENTLY? *	PCP
YOUR PRIMARY CARE PHYSICIAN PHONE NO IS	888-888-8888
YOUR PRIMARY CARE PHYSICIAN FAX NO IS	888-888-8888
YOUR PRIMARY CARE PHYSICIAN ADDRESS1 IS	Address 1
YOUR PRIMARY CARE PHYSICIAN ADDRESS2 IS	Address 2
YOUR PRIMARY CARE PHYSICIAN CITY IS	City
YOUR PRIMARY CARE PHYSICIAN STATE IS	State
YOUR PRIMARY CARE PHYSICIAN ZIPCODE IS	33333
ARE THE ABOVE PHYSICIAN DETAILS CORRECT? *	--Select--
HOW MANY TIMES A DAY DO YOU TEST YOUR BLOOD SUGAR? *	2X
TYPE OF DIABETIC TESTING MACHINE YOU CURRENTLY USE	Machine Name
HOW LONG YOU HAVE BEEN USING THIS MACHINE *	--Select--
HOW SOON YOU WILL BE OUT OF DIABETIC SUPPLY *	--Select--

Modify **Continue** [Click Here for Diabetic Supply Details](#)

If you are ordering a Diabetic medication, you will be prompted to answer a few questions regarding your primary care physician and your health.

**5** You will be asked to confirm or modify your shipping address.

**Address Confirmation**

Member ID PXXXXXXXXXX

First Name John Last Name Doe

**Current Primary Address**

Address1 \* Address 1  
Address2 \*  
City \* City  
State \* FL Zip Code \* 33614

**Current Shipping Address**

Address1 \* Address 1  
Address2 \*  
City \* City  
State \* FL Zip Code \* 33614

Contact Phone Numbers  
Home Phone 555-555-5555  
Business Phone  
Cell Phone

If above permanent address is not correct please call 1-866-900-2688 during regular business hours and request customer service representative to change address

Is the Above Shipping Address Correct?  
Yes No  
**Continue**

**6** Once confirmed, your order number will be displayed. Please allow 8 to 10 business days for delivery of your order.

Thank you for placing order. You will receive the requested items within **8 to 10 business days**. You can always check the status of your order through Delivery order status link **Delivery Order Status**

Your Order Number is **DO-14-198670**

Member ID PXXXXXXXXXX

First Name John Last Name Doe

Shipping Address Address Details Plan Limit \$15.00 Order Value \$0.00

Medicine Group	Item No	Product Name	Description	Quantity	UOM	Drug Type
DIABET	D12	FORA STRIPS	FORA STRIPS	2	PACK	DIABET
OTHERS	100	FREEDOM FLYER	FREEDOM FLYER	1	1	OTC

Modify **Confirm**