



Welcome to Usa Meds Plus!

We work with Prescribers and Offices to help Cash-Pay Patients easily access prescription medications at a price they can afford.



How It Works

1 SEND US A PRESCRIPTION

Send us one or more prescriptions for each of your cash-pay patients. Please include the patient's contact information so we can reach out to them.

Toll Free Prescription Fax

877-215-6407

2 ORDER CONFIRMATION

Our friendly staff will confirm the order, shipping, and payment information with the patient directly.

3 FULFILMENT AND DELIVERY

Our system will monitor and route the order according to your patient's preferences. Your patient will be kept up-to-date of the fulfillment process by e-mail and text messages.

Benefits to Belonging

YOUR PATIENT PAYS LESS

Our cash-pay prices are lower than retail and often lower than the out of pocket amount with insurance.

NO PRIOR AUTHORIZATION REQUIRED

Your prescription is all that is required for your patients to access low prices. There are no lengthy prior authorization forms to complete. No waiting for an authorization response to return to your office. Submit your Rx to us and we will take care of the rest.

WE MANAGE THE PROCESS

Our systems help monitor drug usage so that we can contact the patient at the right time to place their next order in their treatment plan so that they will not be without their supply. And when it comes time to get a new Rx from you, we will send you a prescription fax request.



May 28, 2024

You did great! I'm so glad to have you as a source for this pricey medicine, and have been impressed with your efficiency and with how easy you make it to order. Thanks.

- V. Schad



May 27, 2024

I've made 2 orders to Usa Meds and both were handled very well. Great notification concerning shipping and delivery. Great savings on my prescription!

- D. Farmer-Arnold



May 14, 2024

One thing I appreciate is that the customer service representations have the information ready, will call the doctor, and are working behind the scenes.

- A. Knight

Thousands of Brand Name SKUs available. **VIEW OUR FULL PRICE LIST ONLINE**

We Serve: Uninsured, Underinsured, Insured and Frustrated

This program is not insurance. Prices are in USD and are subject to change. Retail Prices are estimated.

Toll Free Phone

877-215-6407

usameds.com

Delivered *Directly* To Patients



CASH PAYER ORDER FORM

FAX: 1-877-349-1770

CALL: 1-877- 215-6407

PRESCRIBER

PRESCRIBER SIGNATURE

DATE



FULL NAME

STREET ADDRESS

CITY

STATE

ZIP

NPI #

LICENSE #

PHONE

FAX

☒ Yes, please contact the patient named below in regards to ordering this prescription.

PATIENT

FIRST NAME

LAST NAME

DRUG ALLERGIES

STREET ADDRESS

CITY

STATE

ZIP CODE

PRIMARY PHONE

☐ CELL PHONE

WEIGHT (lbs)

SEX

DATE OF BIRTH

SMOKER?

☐ LAND LINE

New therapy? ☐ YES ☐ NO

Reason for therapy: ☐ DIABETES ☐ WEIGHT LOSS

Ship to: ☐ PATIENT ☐ PRESCRIBER

RX Complete below or use your own prescription pad.

DIRECTIONS FOR USE

☐ **OZEMPIC** FILL: _____ PENS REFILLS: _____

☐ 2MG (2MG/1.5ML) ☐ 4MG (4MG/3ML)

☐ **SAXENDA 6MG/ML** FILL: _____ PENS REFILLS: _____

☐ **RYBELSUS** FILL: _____ TABS REFILLS: _____

☐ 3MG ☐ 7MG ☐ 14MG

☐ **ELIQUIS** FILL: _____ TABS REFILLS: _____

☐ 2.5MG ☐ 5MG

☐ **OTHER (below)** FILL: _____ REFILLS: _____

Delivered *Directly* To Patients