

No more waiting in line to purchase supplies!

No more having to make a special trip to pick up your birth control!

No more running out of supplies!

No mailing fees!!

WMCA Health Services

For more information please call:

Lewiston 795-4007
STD clinic 795-4019
or 1-800-587-9354

Farmington 778-4553
or 1-800-587-9346

Norway 743-2066
or 1-800-524-8066

Rumford 364-3960
or 1-800-346-9461

Porter (SVHC)..... 625-8126



Our services are funded in part by:

- The Family Planning Association of Maine in partnership with the US Dept. of Health & Human Services and the Maine Department of Human Services' Bureau of Health
- United Way of Androscoggin County & United Way of Oxford County

Rx By Mail

Get your birth control sent to you automatically by mail.



www.wmca.org
Helping people. Changing Lives

Rx By Mail

What is Rx by Mail ?

With **Rx by Mail** you can sign up to have your birth control mailed to your door automatically at no extra charge. All birth control pills as well as the Ortho Evra (patch) and the NuvaRing are available.

How much does it cost?

The processing and shipping for **Rx by Mail** are FREE! Your credit card will be charged for three months of birth control at a time. We will mail you a receipt along with your supplies.

(Birth control prices subject to change)

When will I receive my birth control?

You will receive three months of your birth control supplies in the mail about two weeks before you will need it. Please call if you do not receive your shipment by this time.

How will I receive my birth control?

To protect your confidentiality, your birth control supplies will be sent in an unmarked envelope. If you are due for a visit, we will send enough supplies to last until then. We will notify you of the need for a visit.

How do I start?

Fill out the form in this brochure and return it to any of our four locations.

What if I want to change or cancel this program?

Notify us of an address change as soon as possible. If you would like to cancel your **Rx by Mail**, you must let us know before your shipment is sent.

Client Information

Name: _____

Date of Birth: _____

Address to Send Supplies

Credit Card Authorization



Card # _____ - _____ - _____ - _____

Expiration Date _____ / _____

Name on Card _____

Signature _____

I authorize WMCA Health Services to charge my credit card for my birth control shipment every three months. I agree to notify WMCA Health Services if I wish to discontinue **Rx by Mail**.

Signature _____

Office Use Only

Date _____

Client # _____

Rx _____ c/u

1st shipment due _____