

America's 1st Choice

of South Carolina, 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 America's 1st Choice of South Carolina, Inc 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

America's 1st Choice
of South Carolina, Inc.

This system best work on IE, Chrome and Safari browser

Need Assistance?
Toll free: 1-888-563-3289 | TTY/TDD: 711
8am to 8pm 7 days a week October 1st to February 14th
8am to 8pm Monday through Friday from February 15th to September 30th

Sign in to Member Portal
Email:

Password:

Forgot Password
Click here for Privacy Policy
Secure Log In

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.
New User Sign UP Now
FAQ
Help Manual

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.

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Toll Free: 1-888-563-3289, TTY/TDD: 711
8:00am to 8:00pm 7 days a week October 1 to February 14
February 15 to September 30 from 8:00am to 8:00pm
Monday through Friday

Welcome John Doe
12/26/2014 9:18:24 AM
Member ID: PXXXXXXX

Home Personal Information Help Manual FAQ Logout

Navigate to:
Over The Counter/Diabetic Supplies
PHOTOCopy Air Lines
Order Member Materials
View Your Claims And Explanation of Benefits
Find Doctor, Pharmacy or Facility
Find A Prescription Drug
Summary of Benefits
Evidence of Coverage
View Benefit Information
Find A Form
Self-Meas Index (SMI)

Welcome to the Member Health Portal!
This is your one destination for all information related to your health, benefits, providers, claims and medication.
Click here to find out more ...

Member Profile & Plan Details
Name: John Doe
Member ID: PXXXXXXX
Plan: 870
Last Login: 12/26/2014

View Your Claims
Learn more

Find Doctor, Pharmacy or Facility
Learn more

Health Education

Plan Star Rating

F.A.Q.

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 1-888-XXX-XXXX am to 8 pm, Monday thru Friday
[Back To Member Portal](#)

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 DOB: 01/01/1900 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] Slip 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 Submit Previous Order**
Plan Limit: \$18.00 Available Limit: \$8.00 [View Current Month Order\(s\)](#)

Remove	Medicine Group	Item No	Product Name	Description	Order Quantity	UOM	Drug Type
<input type="checkbox"/>			-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.

Your Order Number is DO-14-198670

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**

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**