

Prescription Drug Plan: _____

Use this form to register/sub	mit your first prescription order	You can also register at a	lliancerxwp.com/home-delivery. DC	D NOT staple	e, tape or paper clip anything to this form.	
Please print clearly using	g only BLACK INK and UPPE	RCASE letters. Fill in the app	icable circles completely (•). Not all IC	D and Group	p Number boxes may be needed.	
	○ Male ○ Female	Date of Birth [MM/D	D/YYYY] / /			
Member ID Number (Loo	cated on card)	Email Address	(To receive information regarding the processing of your order)			
Suffix (If on card) BIN (Loca	ated on card) PCN (Located o	on card)		Group	(Rx Group) Number Located on card	
Last Name		First Name	First Name		Cell Phone	
Permanent Address Lir	ne 1				Work Phone	
Permanent Address Line 2 Home Phone						
City		State ZIP	Code Government ID (M	<i>lost states req</i>	juire ID for controlled Rx substances by law) \dag	
Prescriber Last Name		Prescriber First	Initial Prescriber Phone		Prescriber Fax	
			Payment Options			
Allergies	Health Conditions	Order Preference	**Please do not send	cash** \/	le accept checks and credit cards	
O Aspirin	O Arthritis	O Large-print labels				
O Cephalosporin	O Asthma	O Spanish vial labels				
O Codeine derivatives	O Diabetes	O Automatic refill	We accept Visa, MasterCard, Discover and American Express.			
 O Morphine derivatives O Penicillin 	O Glaucoma O Heart disease	<i>‡</i> Fill in this circle if you would like us	•	oom/bomc	e-delivery to pay by credit card.	
O Sulfa drugs	O Hypertension	to automatically refill	· · ·		, , , ,	
O None known	O Pregnancy	your prescriptions in	Payment Methods to enter		Go to Settings & Payment then card number	
O Other (Use lines below)	O Thyroid disease	the future.	_			
O None known		You can also call our Customer Care Center for assistance at:				
	O Other (Use lines at right))	800-345-1985			

*†*Driver's license, state ID number, social security number, military ID or passport ID.



Dependent Last Nam	⊖ Fema	le	th [MM/DD/YYYY] ependent First Na	·		For separate shipping, please contact the Customer Care Center toll free at 800-345-1985.			
Suffix (If on card) Email address (To receive information regarding the processing of your order) Prescriber Last Name Prescriber First Initial Prescriber Phone Prescriber Fax									
			DEPENDE	T					
Allergies			Health Conditions			Order Preference			
 Aspirin Cephalosporin Codeine derivatives Morphine derivatives 	 Penicillin Sulfa drugs None known Other (Use lines below) 	 Arthritis Asthma Diabetes Glaucoma 	 O Heart dise O Hypertens O Pregnancy O Thyroid dise 	ion O Other (Use lines l		 D Large-print vial labels D Spanish vial labels D Automatic refill[‡] <i>‡</i>Fill in this circle if you would like us to automatically refill your prescriptions in the future. 			

ORDER INFORMATION—If including a prescription order, please complete this section.

Please allow 10 business days from the time that you place your order to receive your prescription(s). A refill order form and return envelope will be included with your shipment.

Generic equivalents are usually less expensive than brand name drugs. If we dispense a brand name drug, you may be responsible for a higher copayment and/or the difference between the brand and generic price of each drug. If allowed by your prescriber, we will dispense a generic equivalent unless you check this box. I do not accept a generic equivalent. By submitting this form, you have authorized release of all information to AllianceRx Walgreens Prime (and other necessary parties) as required to process your order under your benefit plan.

Total number of prescriptions in this order .		
\odot Standard shipping		CHARGE
 ○ Next business day (\$19.95<i>t</i>) ○ Second business day (\$12.95<i>t</i>) 	\$ \$	•
Total Payment Enclosed	\$	

*†*Shipping prices may be subject to change by carrier without notification and may vary depending upon weight and zone.

Please print your name and date of birth on all prescriptions; enclose them along with this completed form and mail to:

AllianceRx Walgreens Prime P.O. Box 29061 Phoenix, AZ 85038-9061

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