



**Prescription Drug Plan:**

Use this form to register/submit your first prescription order. You can also register at [Walgreens.com/PrimeMail](http://Walgreens.com/PrimeMail). DO NOT staple, tape or paperclip anything to this form. Please print clearly using only **BLACK INK** and **UPPERCASE** letters. Fill in the applicable circles completely (●). **Not all ID and Group Number boxes may be needed.**

**MEMBER INFORMATION**

Male  Female  
Date of Birth [MM/DD/YYYY] / /

Member ID Number *(Located on card)* \_\_\_\_\_  
 Suffix *(If on card)* \_\_\_\_\_ PCN *(Located on card)* \_\_\_\_\_  
 Group Number *(Located on card)* \_\_\_\_\_  
 Email Address *(To receive information regarding the processing of your order)* \_\_\_\_\_

First Name \_\_\_\_\_  
 Permanent Address Line 1 \_\_\_\_\_  
 Permanent Address Line 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Government ID *(Most states require ID for controlled Rx substances by law) †* \_\_\_\_\_

Cell Phone \_\_\_\_\_ Text Msg\*  Yes  No  
 Work Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_

Prescriber Last Name \_\_\_\_\_ Prescriber Phone \_\_\_\_\_ Prescriber Fax \_\_\_\_\_  
 Prescriber First Initial \_\_\_\_\_

**MEMBER**

Allergies	Health Conditions	Order Preference
<input type="radio"/> Aspirin <input type="radio"/> Cephalosporin <input type="radio"/> Codeine derivatives <input type="radio"/> Morphine derivatives <input type="radio"/> Penicillin <input type="radio"/> Sulfa drugs <input type="radio"/> None known <input type="radio"/> Other <i>(Use lines below)</i> _____ _____	<input type="radio"/> Arthritis <input type="radio"/> Asthma <input type="radio"/> Diabetes <input type="radio"/> Glaucoma <input type="radio"/> Heart disease <input type="radio"/> Hypertension <input type="radio"/> Pregnancy <input type="radio"/> Thyroid disease <input type="radio"/> None known <input type="radio"/> Other <i>(Use lines at right)</i> _____ _____	<input type="radio"/> Large-print vial labels <input type="radio"/> Spanish vial labels

**Payment Options**

**\*\*Please do not send cash\*\*** We accept checks and credit cards.

Checks should be made payable to Walgreens Mail Service

**Walgreens accepts Visa, MasterCard, Discover and American Express.**

Please visit [Walgreens.com/PrimeMail](http://Walgreens.com/PrimeMail) to pay by credit card.

You will need to create an account. Go to Settings & Payment then Payment Methods to enter a credit card number.

You can also call our Customer Care Center for assistance at 888-211-9028.

\*Standard text message and data rates may apply.

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



**DEPENDENT INFORMATION**

For separate shipping, please contact the Customer Care Center toll free at 888-211-9028.

Date of Birth [MM/DD/YYYY] / / /

Male  
 Female

Dependent Last Name

Dependent First Name

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

**DEPENDENT**

**Allergies**

- Aspirin
- Penicillin
- Cephalosporin
- Sulfu drugs
- Codeine derivatives
- None known
- Morphine derivatives
- Other (Use lines below)

**Health Conditions**

- Arthritis
- Heart disease
- Asthma
- Hypertension
- Diabetes
- Pregnancy
- Glaucoma
- Thyroid disease

**Order Preference**

- Large-print vial labels
- Spanish vial labels

**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 Walgreens (and other necessary parties) as required to process your order under your benefit plan.

Total number of prescriptions in this order.....

Total included for copay(s)..... \$

- Standard Shipping
- Next Business Day (\$19.95 †)
- 2<sup>nd</sup> Business Day (\$12.95 †)

**NO CHARGE**

\$ \$

Total Payment Due.....\$

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

Walgreens Mail Service  
P.O. Box 29061  
Phoenix, AZ 85038-9061

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