

### *How can I get my prescriptions by mail?*

For certain kinds of drugs, you can use the plan's network mail-order service, Walgreens. Generally, the drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as mail-order drugs in our Drug List.

Our plan's mail-order service requires you to order a 90-day supply. A 90-day supply has the same copay as a one-month supply.

If you use a mail-order pharmacy not in the plan's network, your prescription will not be covered.

### *It's easy to register and order your first prescription.*

**Online:** Register at **Walgreens.com/MailService**. From the registration confirmation page, follow the instructions to submit your new prescription.

**By mail:** Complete the attached Mail Service Registration & Prescription Order Form. 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**

**By phone:** Call the Walgreens Customer Care Center:  
(800) 345-1985 (TTY: 800-573-1833) 24 hours a day, 7 days a week.

Usually, a mail-order prescription will get to you within 10 business days. However, sometimes your mail-order may be delayed.

If you need your medication urgently and cannot wait 10 business days to get your order, please contact the Walgreens Customer Care Center at **1-800-345-1985 (TTY: 800-573-1833)**.

For more information on mail order pharmacy services, please see Chapter 5 in your Member Handbook.



Prescription Drug Plan: \_\_\_\_\_

Use this form to register/submit your first prescription order. You can also register at [Walgreens.com/MailService](http://Walgreens.com/MailService). **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.**

<b>MEMBER INFORMATION</b>		<input type="radio"/> Male	Date of Birth [MM/DD/YYYY] <input type="text"/> / <input type="text"/> / <input type="text"/>	
		<input type="radio"/> Female		
Member ID Number (Located on card)		Email Address (To receive information regarding the processing of your order)		
<input type="text"/>		<input type="text"/>		
Suffix (If on card)	BIN (Located on card)	PCN (Located on card)	Group Number (Located on card)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last Name	First Name	Cell Phone	Text Msg* <input type="radio"/> Yes <input type="radio"/> No	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		
Permanent Address Line 1		Work Phone		
<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>		
Permanent Address Line 2		Home Phone		
<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>		
City	State	ZIP Code	Government ID (Most states require ID for controlled Rx substances by law)†	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Prescriber Last Name	Prescriber First Initial	Prescriber Phone	Prescriber Fax	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	

MEMBER			Payment Options
Allergies	Health Conditions	Order Preference	<p><b>**Please do not send cash**</b> We accept checks and credit cards.</p> <p>Checks should be made payable to Walgreens Mail Service</p> <p><b>Walgreens accepts Visa, MasterCard, Discover and American Express.</b></p> <p>Please visit <a href="http://Walgreens.com/MailService">Walgreens.com/MailService</a> to pay by credit card.</p> <p>You will need to create an account: Go to Settings &amp; Payment then Payment Methods to enter a credit card number.</p> <p>You can also call our Customer Care Center for assistance at 800-345-1985.</p>
<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 (Use lines below) _____ _____	<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 (Use lines at right) _____ _____	<input type="radio"/> Large-print vial labels <input type="radio"/> Spanish vial labels <input type="radio"/> Automatic refill ‡  ‡ Fill in this circle if you would like us to automatically refill your prescriptions in the future. _____ _____	

\*Standard text message and data rates may apply.

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



**DEPENDENT INFORMATION**

- Male
- Female

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

For separate shipping, please contact the Customer Care Center toll free at 800-345-1985.

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**

**Health Conditions**

**Order Preference**

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

- Arthritis
- Asthma
- Diabetes
- Glaucoma

- Heart disease
- Hypertension
- Pregnancy
- Thyroid disease
- None known
- Other (Use lines below)

- 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.....

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

**NO CHARGE**

\$

\$

Total Payment Enclosed .....\$

**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.