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.
Use this form to register/submit your first prescription order. You can also register at 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.

### MEMBER INFORMATION

- **Gender**
  - Male
  - Female
- **Date of Birth** [MM/DD/YYYY]
- **Member ID Number** (Located on card)
- **Suffix** (If on card)
- **Email Address** (To receive information regarding the processing of your order)
- **Group Number** (Located on card)
- **Last Name**
- **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)
  †
- **Prescriber Last Name**
- **Prescriber First Initial**
- **Prescriber Phone**
- **Prescriber Fax**
- **Cell Phone**
- **Text Msg**
  - Yes
  - No
- **Work Phone**
- **Home Phone**

### MEMBER

- **Allergies**
  - Aspirin
  - Cephalosporin
  - Codeine derivatives
  - Morphine derivatives
  - Penicillin
  - Sulfa drugs
  - None known
  - Other (Use lines below)
- **Health Conditions**
  - Arthritis
  - Asthma
  - Diabetes
  - Glaucoma
  - Heart disease
  - Hypertension
  - Pregnancy
  - Thyroid disease
  - None known
  - Other (Use lines at right)
- **Order Preference**
  - Large-print vial labels
  - Spanish vial labels
  - Automatic refill‡
  ‡Fill in this circle if you would like us to automatically refill your prescriptions in the future.

### 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/MailService 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 800-345-1985.

*Standard text message and data rates may apply.

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

††Brand names are the property of their respective owners. ©2017 All rights reserved.
### DEPENDENT INFORMATION

- **Gender**: 
  - Male
  - Female
- **Date of Birth**: [ ] / [ ] / [ ]
- **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

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Health Conditions</th>
<th>Order Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td>Arthritis</td>
<td>None known</td>
</tr>
<tr>
<td>Cephalosporin</td>
<td>Asthma</td>
<td>Other (Use lines below)</td>
</tr>
<tr>
<td>Codeine derivatives</td>
<td>Diabetes</td>
<td></td>
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<tr>
<td>Morphine derivatives</td>
<td>Glaucoma</td>
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<td></td>
<td>Heart disease</td>
<td></td>
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<tr>
<td></td>
<td>Hypertension</td>
<td></td>
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<td></td>
<td>Pregnancy</td>
<td></td>
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<tr>
<td></td>
<td>Thyroid disease</td>
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<tr>
<td></td>
<td>Penicillin</td>
<td></td>
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<tr>
<td></td>
<td>Sulfas drugs</td>
<td></td>
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<tr>
<td></td>
<td>None known</td>
<td>Large-print vial labels</td>
</tr>
<tr>
<td></td>
<td>Other (Use lines below)</td>
<td>Spanish vial labels</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Total number of prescriptions in this order</th>
<th>Standard Shipping</th>
<th>Next Business Day ($19.95 †)</th>
<th>2nd Business Day ($12.95 †)</th>
</tr>
</thead>
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<tr>
<td></td>
<td>NO CHARGE</td>
<td>$ [ ]</td>
<td>$ [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Payment Enclosed</td>
<td>$ [ ]</td>
</tr>
</tbody>
</table>

‖ 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:

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

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