



Prescription Drug Plan: Blue Cross and Blue Shield of Illinois

Use this form to register/submit your first prescription order. You can also register at alliancerxwp.com/home-delivery. **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)

Email Address (To receive information regarding the processing of your order)

Suffix (If on card)

BIN (Located on card)

PCN (Located on card)

Group Number (Located on card)

Last Name

First Name

Cell Phone

 - -

Text Msg* Yes No

Permanent Address Line 1

Work Phone

 - -

Permanent Address Line 2

Home Phone

 - -

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

 - -

MEMBER			Payment Options
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 (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 _____ _____	<p>**Please do not send cash** Checks and credits are accepted.</p> <p>Checks should be made payable to AllianceRx Walgreens Prime</p> <p>AllianceRx Walgreens Prime accepts Visa, MasterCard, Discover and American Express.</p> <p>Please visit alliancerxwp.com/home-delivery to create an account and pay by credit card.</p> <p>You can also call the Customer Care Center for assistance at 877-357-7463.</p>

*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 877-357-7463.

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

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..... []

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

- Standard Shipping
- Next Business Day (\$19.95 †)
- 2nd Business Day (\$12.95 †)

NO CHARGE

Total Payment Due..... \$ []

† 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

Blue Cross and Blue Shield of Illinois (BCBSIL) is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. BCBSIL contracts with Prime Therapeutics, a separate pharmacy benefit management company, to provide pharmacy benefit management and related services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty pharmacy and home delivery company.