



Prescription Drug Plan: _____

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 (•).

BENEFICIARY INFORMATION: Not all ID and Group Number boxes may be needed.

| | | |
|---|----------------------|----------------------|
| Beneficiary ID Number (Located on card) | Suffix (if on card) | Group Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Rx BIN | Rx PCN | Plan Name (Required) |
| <input type="text"/> | <input type="text"/> | _____ |

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

| | | |
|----------------------|----------------------|--|
| Last Name | First Name | Cell Phone |
| <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 | Government ID† |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

| | | | |
|----------------------|--------------------------|--|--|
| 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"/> |

†Most states require ID (driver's license, state ID number, social security number, military ID or passport ID) for controlled Rx substances by law.

For separate shipping, please contact the
Customer Care Center toll free at 1-800-345-1985.
TTY 1-800-573-1833



| BENEFICIARY |
|---|
| Allergies |
| <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) |
| _____ |
| _____ |
| _____ |
| Health Conditions |
| <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 line below) |
| _____ |
| _____ |
| Order Preference |
| <input type="radio"/> Large-print vial labels |
| <input type="radio"/> Spanish vial labels |

Payment Options: Please do not send cash.

****Please do not send cash**** Checks and credit cards are accepted.

Checks should be made payable to AllianceRx Walgreens Prime.

AllianceRx Walgreens Prime accepts Visa, MasterCard, Discover and American Express.

Please visit alliancerxwp.com/home-delivery to create an account and pay by credit card.

You can also call the Customer Care Center for assistance at 1-800-345-1985, TTY 1-800-573-1833.

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.

It is our practice to substitute generic equivalents for brand-name medications. AllianceRx Walgreens Prime will dispense a generic equivalent if it's available and permitted by your prescriber. If you do not want a generic equivalent or have questions regarding your mail service prescription(s), please call the Customer Care Center at 1-800-345-1985, TTY 1-800-573-1833.

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

Standard Shipping..... **NO CHARGE**

Next Business Day (\$19.95[†]) \$.

2nd Business Day (\$12.95[†]) \$.

\$ _____ . _____

Total Payment Due..... \$.

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

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

