allianceRx Walgreens Pharmacy

Home Delivery Registration Form

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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 (•). **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 *(Rx 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

Allergies	Health Conditions	Order Preference
❍ Aspirin	❍ Arthritis	❍ Large-print vial labels
❍ Cepalosporin	❍ Asthma	❍ Spanish vial labels
❍ Codeine derivatives	❍ Diabetes	❍ Automatic refill‡
❍ Morphine derivatives	❍ Glaucoma	*‡Fill in this circle if you would like us to automatically refill your prescriptions in the future.*
❍ Penicillin	❍ Heart disease	*FOR CALIFORNIA PATIENTS: Before AllianceRx Walgreens Pharmacy can turn on Auto Refill for California patients, patients must agree in writing or by electronic notice. Enrollment will remain active for one year from the date you selected.*
❍ Sulfa drugs	❍ Hypertension	
❍ None known	❍ Pregnancy	
❍ Other *(use lines below)*	❍ Thyroid disease	
_____	❍ None known	_____
_____	❍ Other *(use lines below)*	_____

Payment Options

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

Checks should be made payable to AllianceRx Walgreens Pharmacy

We accept Visa, MasterCard, Discover and American Express.

Please visit AllianceRxWP.com/home-delivery 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, TTY 800-925-0178

**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.

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DEPENDANT INFORMATION

❍ Male
❍ Female

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

For separate shipping, please contact the Customer Care Center for assistance at: 800-345-1985, TTY 800-925-0178

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	❍ Penicillin	❍ Arthritis	❍ Heart disease	❍ None known	❍ Large-print vial labels
❍ Cepalosporin	❍ Sulfa drugs	❍ Asthma	❍ Hypertension	❍ Other	❍ Spanish vial labels
❍ Codeine derivatives	❍ None known	❍ Diabetes	❍ Pregnancy	*(use lines below)*	❍ Automatic refill‡
❍ Morphine derivatives	❍ Other *(use lines below)*	❍ Glaucoma	❍ Thyroid disease		*‡Fill in this circle if you would like us to automatically refill your prescriptions in the future.*

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 Pharmacy (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: .....**NO CHARGE**
❍ Next Business Day ($19.95†) $☐☐.☐☐
❍ 2nd Business Day ($12.95†) $☐☐.☐☐

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 Pharmacy
P.O. Box 29061
Phoenix, AZ 85038-9061

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