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 paper clip 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.

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

Checks should be made payable to AllianceRx Walgreens Prime

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
### DEPENDENT INFORMATION

- **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>Large-print vial labels</td>
</tr>
<tr>
<td>Cephalosporin</td>
<td>Asthma</td>
<td>Spanish vial labels</td>
</tr>
<tr>
<td>Codeine derivatives</td>
<td>Diabetes</td>
<td>Automatic refill‡</td>
</tr>
<tr>
<td>Morphine derivatives</td>
<td>Glaucoma</td>
<td>Fill in this circle if you would like us to automatically refill your prescriptions in the future.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Use lines below)</td>
</tr>
</tbody>
</table>

### ORDER INFORMATION

**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.

### ORDER INFORMATION—If including a prescription order, please complete this section.

**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

**Total number of prescriptions in this order.............................................**

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

**Total Payment Enclosed.................................................................**

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