



**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 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 (Rx Group) Number (Located on card)

Rx BIN

Rx PCN

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

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

Government ID†

Male  Female

Date of Birth [MM/DD/YYYY]

 /  / 

Prescriber Last Name

Prescriber First Initial

Prescriber Phone

 -  - 

Prescriber Fax

 -  - 

\*Standard text message and data rates may apply.

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

Brand names are the property of their respective owners.

For separate shipping, please contact the Customer Care Center toll free at 866-877-2392 TTY 800-925-0178.

**BENEFICIARY Allergies**

- Arthritis
- 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 below)

**Order Preferences**

- Large-print vial labels
- Spanish vial labels
- Automatic Refill\*

\*Fill in circle if you would like us to automatically refill your prescription in the future.

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.

**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 Pharmacy.

**We accept 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 866-877-2392, TTY 800-925-0178

**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 Pharmacy 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 home delivery prescription(s), please call the Customer Care Center at 866-877-2392, TTY 800-925-0178.

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 \_\_\_\_\_

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

Next Business Day (\$19.95<sup>+</sup>)      \$     .

2nd Business Day (\$12.95<sup>+</sup>)      \$     .

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

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

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