



**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)<sup>†</sup>

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 below)	<input type="radio"/> Large-print vial labels <input type="radio"/> Spanish vial labels <input type="radio"/> Automatic refill <sup>‡</sup> <small>‡Fill in this circle if you would like us to automatically refill your prescriptions in the future.</small>  <small>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.</small>	<p><b>**Please do not send cash**</b> We accept checks and credit cards.</p> <p>Checks should be made payable to AllianceRx Walgreens Pharmacy</p> <p><b>We accept Visa, MasterCard, Discover and American Express.</b></p> <p>Please visit AllianceRxWP.com/home-delivery to pay by credit card.</p> <p>You will need to create an account: Go to Settings &amp; Payment then Payment Methods to enter a credit card number.</p> <p>You can also call our Customer Care Center for assistance at: 800-345-1985, TTY 800-925-0178</p>

\*Standard text message and data rates may apply.

<sup>†</sup>Driver's license, state ID number, social security number, military ID or passport ID.

